

THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year 1960

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

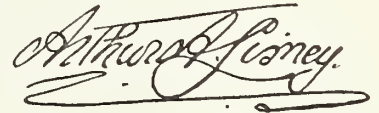
Dorset is a rural county of approximately one thousand square miles with a population density of less than 0.5 persons per acre. The atmosphere is free from industrial pollution, housing conditions are good and there is steady employment.

As stated in my reports during recent years every effort has been made to protect the population against those infectious diseases which are preventable. As a result of these campaigns only one case of diphtheria and one of poliomyelitis were notified during 1960, the latter being a child on holiday from the midlands who had not been vaccinated. The number of cases of whooping cough decreased to the lowest figure on record, 110 with no deaths; there were only two maternal deaths and the infant mortality rate of 19.9 compared favourably with the corresponding national figure of 21.7. School children are healthier, more robust and pay more attention to their personal hygiene than ever before.

All these factors should help to make a healthier and happier community but it is disturbing to note that the cost of medicines prescribed by the general medical practitioners in the county average £50,000 per month compared with approximately half this sum in 1956. Also the county ambulance vehicles travelled 1,128,184 miles, an increase of one third over mileage covered ten years ago in spite of a reduction in dead mileage by means of radio control. It is difficult to give reasons for the steadily increasing use of the general practitioner and hospital services which appears to be taking place but it is clearly desirable that every effort should be made to achieve the closest possible co-operation between the various branches of the health service so that preventive measures may be applied where possible; local health authorities with their wide and long experience have much to offer in this field.

The inference to be drawn from the increased use of the ambulance service is that attendances at psychiatric, orthopaedic and physiotherapeutic clinics are increasing rapidly and it may well be that this is associated with a substantial increase in psychosomatic illness. If so the local health authorities are directly concerned as the Mental Health Act, which became law during the year, gave a wider mandate in regard to community care. This whole problem is receiving careful attention and I shall be referring to the matter again in my report on the current year.

Once again I should like to record my thanks to the members of the Health and Social Services Committee, in particular to the Chairman Mr. Douglas Jackman, for their co-operation during the year and also the continued support of the staff of my department.



County Medical Officer of Health.

Health Department,
County Hall,
Dorchester,
Dorset.
July, 1961.



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HEALTH DEPARTMENT ESTABLISHMENTS

Central Staff

County Medical Officer of Health;
Principal School Medical Officer.

LISNEY, A. A., M.A., M.D., D.P.H.

Deputy County Medical Officer of Health;
Deputy Principal School Medical Officer.

TURNER, A. F., M.B., B.Ch., D.P.H.

Senior Medical Officers;

MACLEOD, M. C., M.D., D.P.H. (Resigned 15/5/60).

SIMONDS, W. H., M.A., M.D.

TOWNSEND, M., M.B., B.S., M.R.C.P., D.C.H. (Commenced 2/8/60).

Assistant Medical Officers of Health.

HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H.
(Transferred to Poole 9/5/60).

WHITE, J. C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.
(Commenced 9/5/60).

(Combined Appointments).

ARMIT, A., M.B., Ch.B., D.P.H.

HOPKINS, G. B., M.B., Ch.B., D.P.H.

LAWRENCE, I. B., B.Sc., M.B., Ch.B., D.P.H.

O'KEEFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Joint Appointment with Regional Hospital Board:

(Consultant Chest Physician).

CLARK, A., M.D., M.R.C.P.

(Consultant Psychiatrist).

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Workers (2).

Principal School Dental Officer.

PRETTY, P. J., L.D.S.

Dental Officers.

COULTON, K. H., L.D.S.

FOREMAN, W. R., L.D.S. (Died 2/9/60).

GREENFIELD, D. G., L.D.S. (Commenced 1/11/60) (Part-time).

HODGES, W. V. A., M.C., L.D.S.

LAYLEE, MRS. E. G., L.D.S. (Part-time).

LINLEY, MRS. E., L.D.S.

NEAME, C. S., L.D.S.

ROBERTSON, K. P., L.D.S. (Commenced 25/7/60).

YATES, A. V.

County Public Health Engineer.

KING, F. M. W., F.S.E., F.R.S.H., F.I.P.H.E., M.A.P.H.I.

Area Medical Officer;

School Medical Officer, Excepted Area.

HUTTON, J., M.D., D.P.H.

Assistant County Medical Officers of Health.

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.

PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.

WILLIAMSON, H. C., M.B., B.Ch., D.P.H.

HADDEN, W. E., M.B., B.S., D.P.H., D.A., D.T.M. & H. (Transferred from county area 9/5/60).

Area Dental Officer.

TAYLOR, P. B., L.D.S.

Dental Officers.

BARNARD, A. C. S., L.D.S., R.C.S. (Commenced 1/10/60).

ELDON, J., L.D.S. (Resigned 30/6/60).

GAPPER, A. E. G., L.D.S.

WILLIAMS, E. R., L.D.S.

Assistant County Public Health Officer.

PARRY, A. H., M.R.S.H., M.A.P.H.I.

Technical Assistants (2)

County Ambulance Officer.

THOMPSON, W. G. M., O.B.E.

County Nursing Officer.

RANKLIN, Miss I. F., S.R.N., S.C.M., H.V.CERT.

Deputy County Nursing Officer.

HEATHER, Miss G., S.R.N., S.C.M., H.V.CERT.

Assistant County Nursing Officer.

WOOTTON, Miss S. P. (Commenced 1/1/60, resigned 29/2/60).

WOOD, Miss M. P., S.R.N., S.C.M., H.V.CERT., M.T.D. (Commenced 15/9/60).

Liaison Health Visitors (4).

Health Visitors (22).

Midwives (Whole-time) (1).

Home Nurses (Whole-time) (3).

District Nurse-Midwives (50).

Domestic Help Organiser

GIBSON, Miss M. F., S.R.N., S.C.M., H.V.CERT.

Chief Mental Deficiency Officer.

BAZELEY, Miss D. K. (Retired 14/1/60).

Senior Officer for Mental Health and Care and After Care.

PALING, H. (Commenced 4/1/60).

Mental Welfare Officers (10).

Home Teachers for Mentally Handicapped (2).

Chief Officer for the Welfare of the Blind.

TYACKE, Miss O.

Home Teachers for the Blind (6).

Chief Administrative Assistant.

HUTCHINGS, H. L.

Administrative Assistant.

CLARKE, V. W. V., D.P.A.

Poole Area Staff

Assistant Domestic Help Organiser.

THICKETT, Miss L. M.

Area Superintendent Health Visitor;

Assistant Non-Medical Supervisor of Midwives.

KINGSBURY, Miss M. M., S.R.N., S.C.M., H.V.CERT.

Liaison Health Visitor (1).

Health Visitors (13).

Midwives (Whole-time) (15).

Home Nurses (Whole-time) (17).

South Dorset Area Staff

Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Assistant Domestic Help Organiser.

BRAWLEY, MRS. M. C.

Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

Health Visitors (7).

Dental Officers.

FARWELL, E., L.D.S.

MASON, MRS. M. D., B.D.S. (Part-time).

Vacancy.

Midwives (Whole-time) (3).

Home Nurses (Whole-time) (5).

District Nurse-Midwives (4).

OFFICERS OF OTHER AUTHORITIES

(at 31st December, 1960)

Boroughs			Medical Officers			Public Health Inspectors		
Blandford Forum	..	..	DR. G. B. HOPKINS	..	..	MR. H. L. BIRKETT.		
Bridport	..	..	*DR. A. ARMIT	..	..	MR. E. E. ROUGHTON (Resigned 26/9/60).		
						MR. E. ISMAY (Commenced 28/11/60).		
Dorchester	..	..	DR. I. B. LAWRENCE	..	..	MR. C. F. ALLARD (Senior).		
						MR. D. A. DOLPHIN		
Lyme Regis	..	..	*DR. A. ARMIT	..	..	MR. I. D. KENNAUGH.		
Poole	..	..	*DR. J. HUTTON	..	..	MR. R. LEGGAT (Chief).		
						MR. C. GLOVER (Deputy Chief).		
						MR. R. M. IMPETT.		
						MR. R. R. TUCKER		
						MR. F. K. W. FRANCIS.		
						MR. T. K. ASTON (Housing) (Resigned 18/9/60).		
						MR. E. W. WAKEFIELD (Meat Inspector).		
						MR. R. C. STENTIFORD.		
						MR. S. T. DAVIES.		
						MR. F. BURGIN (Housing) (Commenced 1/12/60).		
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. W. N. TEASDALE.		
Wareham	..	..	DR. E. J. O'KEEFE	..	..	MR. J. R. TANNER.		
Weymouth and Melcombe Regis	..	..	*DR. E. J. G. WALLACE	..	..	MR. H. HANDSCOMB (Chief).		
						MR. A. L. HARRIS.		
						MR. R. G. S. NEWBOULD.		
			* Also Port Medical Officer.					
Urban Districts								
Portland	..	..	DR. E. J. G. WALLACE	..	..	MR. P. A. WILLIAMS.		
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. F. E. RAEBURN.		
Swanage	..	..	DR. E. J. O'KEEFE	..	..	MR. K. W. GREENWOOD.		
Wimborne	..	..	DR. G. B. HOPKINS	..	..	MR. F. CADDICK (Commenced 1/5/60).		
Rural Districts								
Beaminster	..	..	DR. A. ARMIT	..	..	MR. C. C. RUNDLE.		
Blandford	..	..	DR. G. B. HOPKINS	..	..	MR. G. S. C. UDALL (Senior).		
						MR. M. A. STOCKLEY.		
Bridport	..	..	DR. A. ARMIT	..	..	MR. J. R. NEWMAN.		
Dorchester	..	..	DR. I. B. LAWRENCE	..	..	MR. N. RAWLINS (Senior).		
						MR. J. M. S. STAMP.		
						MR. J. B. S. SALT.		
Shaftesbury	..	..	DR. N. F. PEARSON	..	..	MR. F. E. CASEMORE (Chief).		
						MR. W. E. BREEDS.		
						MR. L. F. P. WARREN.		
						MR. R. A. LEACH.		
						(Commenced 1/10/60)		
						MR. C. R. MARCHANT		
						(Commenced 1/8/60)		
						} Meat Inspector		
Sherborne	..	..	DR. N. F. PEARSON	..	..	MR. J. E. FANNON.		
Sturminster	..	..	DR. N. F. PEARSON	..	..	MR. F. HODSON.		
						MR. H. C. WATKIN.		
Wareham	..	..	DR. E. J. O'KEEFE	..	..	MR. E. D. GRANT (Senior).		
						MR. F. W. WHITE.		
Wimborne	..	..	DR. G. B. HOPKINS	..	..	MR. W. CHICK (Chief).		
						MR. F. BOAM.		
						MR. R. E. S. HARGREAVES		
						MR. A. HOLMES		
						} Meat Inspectors.		

Public Health Laboratory Service

Dorchester Laboratory.

TEE, G. H., M.A., M.R.C.S., L.R.C.P.

Boscombe Laboratory.

KING, G. J. G., M.A., M.B., B.CHIR.

COMMITTEES

In accordance with the request of the Ministry of Health, details of the committee structure relating to the health services are included in this report.

Health and Social Services

1. *Composition.* Thirty ordinary members. Chairman and Vice-Chairman of the Council and of the Education Committee and Chairman or Vice-Chairman of the Finance Committee, *ex-officio*; six co-opted Members.—*Total 41.*

2. *Delegated Powers.* The powers and duties of the Council referred to in paragraph 3 below (under the heading 'Delegated Powers'), together with those relating to:—

(a) Health Education and Prevention of Illness.

(b) Provision of Housing Accommodation for District Nurses, Midwives and Health Visitors.

Referred Business. All functions of the council relating to water supplies, sewerage and sewage disposal and the public health aspect of rivers pollution and food hygiene, and any other functions of a public health nature.

3. The following powers and duties delegated to the committee have, with the approval of the council, been re-delegated or referred to the sub-committees named:—

(a) *Poole and South Dorset Area Health Sub-Committees.*

Delegated Powers.

The functions of the council with regard to day-to-day administration of the following services under the National Health Service Acts, 1946 to 1952, in the Poole Borough Area and the South Dorset Area, subject to general control and direction with regard to policy being exercised by the committee:—

- (i) Notification of Births and Infectious Diseases;
- (ii) Supervision of Midwives;
- (iii) Care of Mothers and Young Children;
- (iv) Health Visiting;
- (v) Midwifery;
- (vi) Home Nursing;
- (vii) Vaccination and Immunisation;
- (viii) Domestic Help; including the appointment and dismissal of Home Helps with power to re-delegate to the County Medical Officer.

Referred Business

To consider and advise upon any matter referred to the sub-committee by the Health and Social Services Committee, or by the Maternity, Child Welfare and Nursing Sub-Committee, the Ambulance Service Sub-Committee, or the Social Services Sub-Committee, or by the respective chairmen of such Committee or Sub-Committees in connection with the administration of any of the services provided by the county council under Part III of the National Health Service Act, 1946.

(b) *Maternity, Child Welfare and Nursing Sub-Committee*

Delegated Powers

The functions of the council with regard to day-to-day administration of the services referred to in paragraph 3 (a) (i) to (viii) above in those parts of the county not comprised in either the Poole Borough Area or in the South Dorset Area.

Referred Business

To consider and report to the committee upon all matters arising in respect of the said functions and not dealt with by the sub-committee under their powers relating to day-to-day administration.

To consider and report to the committee upon any recommendations of the Poole Area and the South Dorset Area Health Sub-Committees regarding the exercise within those areas of the functions referred to in paragraphs 3 (a) and (b) above and involving questions of policy affecting their exercise elsewhere in the county.

(c) *Ambulance Service Sub-Committee*

Delegated Powers

The functions of the council relating to the Ambulance Service including the appointment and dismissal of ambulance drivers/attendants with power to re-delegate.

(d) *Social Services Sub-Committee*

Delegated Powers

The functions of the council under:—

- (i) The National Assistance Act, 1948; including the appointment and dismissal of resident and non-resident staffs in establishments.
- (ii) The Mental Health Act, 1959.
- (iii) Section 28 of the National Health Service Act, 1946, relating to Care and After-Care.

(e) *Nurses Acts Sub-Committee*

Delegated Powers

The functions of the council under the Nurses Acts, 1943-1945, relating to licensing of agencies for the supply of nurses.

(f) *Public Health Sub-Committee*

Delegated Powers

The functions of the council under the:—

- (i) Housing Acts, 1936 to 1957 and the Housing (Rural Workers) Acts, 1926-1942, and any enactments amending same, with the exception of the power to resolve that the functions of a defaulting local authority shall be transferred to the council;
- (ii) Part II of the Food and Drugs Act, 1955 (except Sections 32, 47 and 48) and any Orders made thereunder and enactments or Orders amending the same.

Referred Business

The functions of the committee relating to water supplies, sewerage and sewage disposal and the public health aspects of rivers pollution and food hygiene, and any other functions of a public health nature not within the terms of reference of any other sub-committee.

(g) *Nursing Homes and Nurseries and Child Minders Sub-Committee*

Delegated Powers

The functions of the council under the Public Health Act, 1936, relating to the registration and exemption from registration of Nursing Homes, the Nurseries and Child Minders Regulation Act, 1948, relating to the registration of premises as nurseries for persons as child minders, and the Mental Health Act, 1959, relating to the registration of mental nursing homes.

Note.—There are excepted from the Delegation of Powers to each committee (a) the powers of levying or issuing a precept for the rate or of borrowing money; (b) except where otherwise stated, the power of appointment and dismissal of establishment officers; and (c) the acquisition of all property and sites.

NATURAL AND SOCIAL CONDITIONS AND STATISTICS OF THE AREA

Natural and Social Conditions

Dorset is a predominantly rural county of just under 1,000 square miles. About half the population is associated with an industrial area in the south-eastern quadrant, comprising the Borough of Poole and adjacent dormitory districts, and the south Dorset consisting of the Borough of Weymouth and Portland. The remainder of the county is made up of rural districts with small boroughs and well scattered urban districts. The climate is comparatively mild and in the summer months many holidaymakers visit Poole, Weymouth, Swanage, Bridport and Lyme Regis. The number of hours of sunshine is high and there is a pleasant absence of severe frosts and fogs. The following table indicates the average monthly rainfall figures for 1960 from fifty-four stations in the county, together with the average hours of sunshine per month from two coastal stations.

<i>Month</i>	<i>Average rainfall of 54 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>	<i>Month</i>	<i>Average rainfall of 54 stations</i>	<i>Average hours of sunshine of 2 coastal stations</i>
January	3.89 inches	57.7	July	4.00 inches	205.6
February	3.71 "	99.8	August	5.31 "	199.1
March	2.38 "	92.5	September	5.65 "	163.8
April	2.56 "	193.8	October	10.10 "	100.3
May	1.84 "	219.7	November	6.06 "	90.1
June	1.97 "	244.0	December	4.12 "	80.3

The number of hours of sunshine recorded from two coastal stations during the year averaged 1,746.7. This is considerably less than the average for many previous years. The rainfall average of 51.64 inches is the heaviest on record for the county and 41 per cent above the average rainfall for the preceding twenty-five years. The excess rainfall occurred during the months of July to November inclusive and October had the highest record for that month.

It is encouraging to note the number of new stations in the county but for the purpose of the table only those stations with full year records for a full year records have been used.

I am indebted to the urban district meteorological officer for the Swanage figures, the borough meteorologist for those relating to Weymouth and the Secretary of the Dorset Natural History and Archaeological Society for the rainfall statistics.

General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar-General and include members of the armed forces who were stationed in the area.

The numbers of births, stillbirths and deaths allocated to the area are those registered during the year 1960, as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the administrative county:—

Area in acres	622,844
Population	Urban 192,540 Rural 118,750
	311,290
Rateable value as at 1st April, 1960	£4,043,967
Estimated product of a penny rate	£16,286

Births:

Live Births:	Male	Female	Total
Legitimate	2,350	2,234	4,584
Illegitimate	120	113	233
Total live births	2,470	2,347	4,817
Birth rate per thousand population .. .. .	..	..	15.4
Legitimate birth rate per thousand population .. .. .	..	..	14.7
Illegitimate birth rate per thousand population .. .. .	..	..	0.74
Illegitimate birth rate per thousand live births .. .. .	..	..	48.3

Stillbirths:

Legitimate—97	Illegitimate—3	Total	..	..	100
Stillbirth rate per thousand population .. .. .	..	..	..	..	0.32
Stillbirth rate per thousand total live and stillbirths .. .. .	..	..	..	..	20.3
Illegitimate stillbirth rate per thousand total illegitimate (live and still) births .. .. .	..	..	..	..	12.71

Deaths:

Total deaths	3,902
Death rate	12.5

	Deaths	Rate per 1,000 total (live and still) births
Death from puerperal causes	2	0.4
Deaths of infants under one year of age:		
Legitimate—89	Total	96
Illegitimate—7		
Death rate of infants under one year of age:		
All infants per 1,000 live births .. .. .	..	19.9
Legitimate infants per thousand legitimate live births .. .. .	..	19.1
Illegitimate infants per thousand illegitimate live births .. .. .	..	30.0
Death rate of infants under 4 weeks of age per 1,000 total live births .. .. .	..	13.7
Death rate of infants under one week of age per 1,000 total live births .. .. .	..	12.6
Still-births and deaths under one week combined per 1,000 total live and stillbirths .. .. .	..	32.7
Deaths from diphtheria .. .. .	..	Nil
„ „ measles .. .. .	..	Nil
„ „ whooping cough .. .. .	..	Nil
„ „ pulmonary tuberculosis .. .. .	..	12
„ „ non-pulmonary tuberculosis .. .. .	..	3
„ „ cancer (all forms) .. .. .	..	695

Some of the causes of death with the corresponding percentages of total deaths (3,902), are given in the table below—

(a) Heart disease	28.0	(i) Motor vehicle accidents	1.1
(b) Cancer (all forms)	17.8	(j) Hyperplasia of prostate	0.9
(c) Vascular lesions of nervous system	14.7	(k) Suicide	0.9
(d) Other circulatory diseases	5.4	(l) Congenital malformations	0.9
(e) Pneumonia	3.7	(m) Ulcer, stomach and duodenum	0.8
(f) Bronchitis	3.3	(n) Nephritis and nephrosis	0.6
(g) Accidents other than motor vehicle	1.7	(o) Leukaemia, aleukaemia	0.4
(h) Other diseases of respiratory system	1.4		

Comments on Vital Statistics (Tables 1—5)

Birth Rate

The birth rate for 1960 was 15.4 compared with the corresponding figure for England and Wales of 17.1 both being an increase on the previous year. The comparatively low birth rate is due to the high percentage of retired persons who reside in the county.

Infant Mortality

The infant mortality rate for 1960 was 19.9 per 1,000 live births which compares favourably with the corresponding figure for England and Wales, 21.7. The continued downward trend in infant deaths is highly satisfactory and it is hoped that still further reductions will be recorded in future years.

Death Rate

The death rate of 12.5 per 1,000 population remains the same as in the previous year and is greater than the rate for the country as a whole. Approximately two thirds of the deaths were due to heart disease, vascular lesions of the nervous system and cancer. It is interesting to note that the deaths from cancer of the lung and bronchus have fallen from 130 in 1959 to 125 in 1960. Only four deaths from influenza occurred as compared with seventy-nine in the previous year when an epidemic was prevalent during the early months of 1960.

Infectious Disease

The number of cases of dysentery notified continues to rise although the disease remains mild. The incidence of measles has fallen by approximately fifty per cent; otherwise the general pattern of notifications remains much the same as in previous years.

Accidental Deaths

Accidental deaths are recorded in two categories, namely motor vehicle accidents and all other. Although the figure of sixty-two deaths from all other accidents is the same as in the previous two years that for motor vehicle accidents continues to decrease from fifty-one in 1959 to forty-five in the year under review.

When considering the age groups concerned analysis shows that sixty-two per cent of the deaths arising from motor vehicle accidents occurred in the 15-44 years age group whereas of all other accidents fifty-four per cent of the deaths were of persons over the age of sixty-five years.

Age Group	Motor Vehicles		All Other Accidents	
	Deaths	Per Cent	Deaths	Per Cent
0—	1	2	5	8
5—	3	7	3	4
15—	6	13	5	8
25—	4	9	6	9
45—	18	40	11	17
65—	13	29	36	54
Totals	45	100	66	100

Morbidity Figures

The number of claims for sickness in the past five years is given in the table below.

These figures do not include a small area in the east of the county around Wimborne as the Ministry of Pensions and National Insurance administrative arrangements do not permit them to be separated from statistics referring to Bournemouth. March and November were the months when most claims of sickness benefit were made.

Month	1956		1957		1958		1959		1960	
	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population	Total number of new claims	Number per 1,000 population
January	3,434	11.29	3,206	10.51	3,642	11.98	3,074	9.99	2,931	9.41
February	4,124	13.56	2,451	8.03	2,996	9.85	4,189	13.62	2,926	9.40
March	3,102	10.20	2,314	7.59	2,520	8.29	5,332	17.33	3,581	11.50
April	2,008	6.60	2,319	7.60	2,844	9.35	2,727	8.86	2,231	7.17
May	2,355	7.74	1,910	6.26	1,773	5.83	1,842	5.99	2,569	8.25
June	1,757	5.77	1,745	5.72	1,844	6.06	2,144	6.97	1,932	6.21
July	2,091	6.87	2,061	6.75	2,120	6.97	1,806	5.87	1,909	6.13
August	1,524	5.01	1,606	5.26	1,621	5.33	1,651	5.36	2,408	7.74
September	1,769	5.81	2,043	6.70	2,054	6.75	2,200	7.15	2,076	6.67
October	2,661	8.74	9,657	31.65	1,997	6.56	2,132	6.93	2,518	8.09
November	2,161	7.10	3,873	12.69	2,020	6.64	2,587	8.41	3,198	10.27
December	1,780	5.85	4,300	14.09	2,494	8.20	2,679	8.71	2,461	7.91
Totals	28,766	95.42	37,485	122.85	27,925	91.81	32,363	105.19	30,740	98.75

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE (Table 5)

The sharp decline in whooping cough and the absence of deaths from this disease continued in 1960, the figure of 110 notifications being the lowest ever recorded. Dysentery notifications were the highest for ten years and measles notifications at 1,702 cases were considerably lower than for the past three years.

Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Diphtheria:										
No. of cases notified ..	—	1	—	1	—	—	1	—	1	1
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever:										
No. of cases notified ..	172	125	188	184	72	107	113	147	227	140
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Measles:										
No. of cases notified ..	4,709	950	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702
No. of deaths ..	2	—	1	—	—	—	—	—	1	—
Whooping Cough:										
No. of cases notified ..	1,492	866	1,125	876	591	373	870	262	161	110
No. of deaths ..	3	—	1	1	—	1	1	—	—	—
Typhoid and Para-typhoid Fever:										
No. of cases notified ..	4	3	2	1	16	1	1	—	1	3
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Food Poisoning:										
No. of cases notified ..	34	18	23	35	63	191	29	210	48	24
No. of deaths ..	—	—	—	—	—	—	2	—	—	—
Dysentery:										
No. of cases notified ..	192	115	68	68	13	63	2	4	112	238
No. of deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (including Polioencephalitis):										
No. of cases notified ..	33	24	150	27	50	11	10	8	3	1
No. of deaths ..	2	1	2	2	3	1	1	—	1	—
Meningococcal Infection:										
No. of cases notified ..	4	5	5	4	5	7	5	3	4	1
No. of deaths ..	2	—	1	1	1	1	—	—	—	2

Diphtheria

There was one case notified, a woman aged twenty-five years. Full details of the immunisation scheme are reported in another section.

Scarlet Fever

The number of cases of scarlet fever notified decreased considerably. The disease continued to be very mild and no deaths occurred.

Measles

There was a sharp decline in the cases notified of which eighty-seven per cent occurred during the first six months of the year.

Whooping Cough

Only 110 cases were notified, the lowest figure ever recorded in the county, which indicates the long term value of the whooping cough immunisation campaign. Apart from the considerable reduction in numbers complications were few and of a relatively mild type and no deaths occurred.

Typhoid and Para-Typhoid Fever

Sporadic cases of typhoid fever occur every year and 1960 was no exception with a notification from Portland during September. In addition two cases of para-typhoid occurred in Weymouth during June. These persistent cases are a reminder that personal hygiene and clean food campaigns must be continued and expanded.

Food Poisoning and Dysentery

Twenty-four cases of food poisoning were reported during the year, a comparatively low figure, but unfortunately there was an increase in the incidence of dysentery which was the highest for twenty years. Active measures were taken to check the spread in conjunction with the Medical Research Council laboratory. Of the 238 cases, 169 were under fourteen years of age.

Poliomyelitis

It was felt with some confidence at the beginning of 1960 that there would be no cases of poliomyelitis during the year as the immunisation state of the population up to twenty-five years of age was approaching one hundred per cent and the twenty-five to forty year old age group was also well protected. In fact one case occurred, a girl of ten years unprotected by vaccination who came from the midlands during the incubation period for her summer holiday in Parkstone.

Tuberculosis

The steady decrease in the notifications of pulmonary tuberculosis, which has occurred for the past ten years, still continues; the 116 new cases being the lowest recorded since 1948. There was, however, a slight rise in the notifications of non-pulmonary cases.

*Number of Notifications and Deaths from Tuberculosis
in Dorset 1948—1960*

Year	Pulmonary		Non-Pulmonary	
	Number of Notifications	Number of Deaths	Number of Notifications	Number of Deaths
1948	164	89	50	14
1949	169	65	55	15
1950	184	72	47	8
1951	225	47	41	10
1952	177	57	40	5
1953	163	39	46	6
1954	146	37	29	4
1955	135	28	20	2
1956	184	24	30	3
1957	148	24	18	5
1958	136	15	12	4
1959	131	14	20	2
1960	116	12	25	3

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Care (Tables 6 and 7)

Administrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible, under delegated powers, for the care of mothers in the county area and the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committee.

Ante-natal clinics are no longer held in the county area, the last clinic being closed during the year thus fully implementing the policy of the county council of discontinuing sessions by medical officers which brings to an end duplication in this branch of the National Health Service. The Report (Cranbrook) of the Maternity Services Committee recognised the desirability of this change and recommended that the general practitioner obstetrician should replace the local authority medical officer in providing maternity care.

In the Poole area, however, midwives clinics continued to be held at seven centres with an increasing number of attendances.

Statistics

Summary of Ante-Natal Care at Clinics held by Midwives in Poole, 1956-1960

	1956	1957	1958	1959	1960
Midwives' Ante-Natal Clinics	5	5	5	8	7
First Attendances	680	730	809	841	977
Total Attendances	2,804	3,298	3,899	3,754	4,366

Mothercraft and Relaxation Classes

Classes continued to be held at Blandford, Dorchester, Poole, Portland, Shaftesbury, Sherborne, Wareham and Weymouth. Training in mothercraft is shared between the health visitors and midwives and a medical officer attends as frequently as circumstances permit. The showing of a film at an evening class to which fathers are also invited has been tried out with success at one of the centres.

The relaxation classes are conducted by physiotherapists employed on a part-time basis. As however it is difficult to obtain the services of physiotherapists for this purpose it is felt that midwives and health visitors should, in the future, be trained so that they can assist with these classes should the occasion arise; this would also assist in the extension of the service to other parts of the county.

Statistics

Attendances at Mothercraft and Relaxation Classes

Class	Mothercraft		Relaxation	
	First	Total	First	Total
Blandford	30	154	32	160
Dorchester	61	326	64	439
Poole	163	1,338	163	1,338
Portland	38	173	—	—
Shaftesbury	48	291	46	256
Sherborne	82	632	72	632
Wareham	100	462	79	415
Weymouth	171	881	—	—
Totals	693	4,257	456	3,240

Ante-Natal and Post-Natal Care by General Practitioners

The county scheme for ante-natal and post-natal care of domiciliary midwifery cases by general practitioners is still in operation, but due to changes brought about by the National Health Service Act, the facilities were only used in one instance during 1960.

Statistics

Ante-Natal and Post-Natal Examinations by General Practitioners of Patients who have booked a Midwife

	1956	1957	1958	1959	1960
<i>Ante-Natal Examinations:</i>					
Number of women examined ..	18	4	2	3	1
Number of examinations made ..	24	4	2	3	1
<i>Post-Natal Examinations:</i>					
Number of women examined ..	1	2	—	2	1
Number of examinations made ..	1	2	—	2	1

Care of Unmarried Mothers

Facilities provided for unmarried mothers include advice from health visitors and midwives, arrangements for maternity beds at hospital and arrangements for admission to maternity homes through the co-operation of the moral welfare workers.

The county council is not directly responsible for any mother and baby homes in the county, but financial responsibility is accepted for the maintenance of cases admitted to homes administered under the auspices of the Salisbury Diocesan Association for Moral Welfare and other approved homes. Altogether forty-eight mothers were admitted to homes during the year.

The county council does not employ any staff to deal with the special problems of the unmarried mother and her child, but welfare workers employed by the Salisbury Diocesan Association for Moral Welfare carry out their duties in close co-operation with the officials of the county health department. For this service an annual grant is made to the Association based on a proportion of the salaries of the workers together with their travelling expenses.

Statistics

Particulars of Admissions to Mother and Baby Homes

Name of Home	Number of Cases Admitted				
	1956	1957	1958	1959	1960
St. Monica's Home, Parkstone ..	14	12	8	17	16
St. Gabriel's Home, Weymouth ..	15	19	15	16	12
Beckingsale House, Salisbury ..	8	10	13	8	8
Free Church Council Maternity Home, Bournemouth	—	4	—	4	5
Others	7	10	6	8	7
Totals	44	55	42	53	48

Maternity Outfits

The contents of the maternity outfits issued by the county council conform to the minimum requirements laid down by the Ministry of Health. The outfits are available free of charge for all domiciliary confinements and are supplied in bulk to the midwives who distribute them, as needed, to their domiciliary cases.

The distribution during the year was as follows:—

County Area ..	912
Poole Area ..	934
South Dorset Area ..	300
	<hr/> 2,146

Welfare Centres (Tables 8 and 9)

Administrative Arrangements

The Maternity, Child Welfare and Nursing Sub-Committee is responsible, under delegated powers, for the care of pre-school children in the county area and the day-to-day administration in the Poole and South Dorset areas is delegated to the respective area health sub-committee.

Child welfare clinics in the county are staffed by assistant county medical officers of health and health visitors, assisted in some cases by district nurses. A few family doctors in the county are known to organise their own child welfare clinics and arrangements are made to minimise duplication of the service in the districts concerned.

There still remain some voluntary committees and numerous voluntary helpers do a considerable amount of work at the centres. Their assistance with such matters as the maintenance of records, distribution of welfare foods and the care of toddlers when mother are consulting the doctor is of inestimable value. Unfortunately such services are not available in the borough of Poole.

Co-operation has been established with the regional hospital board with a view to the supply of such specialist services as the county council may require and the help of consultants is of considerable value.

The services of the consultant child guidance psychiatrist are available for children attending child welfare centres and who are considered to be in need of this help. Child guidance clinics are held at convenient centres in the county and the assistance received from the consultant psychiatrist and his team is much appreciated by the medical officers and health visitors.

No arrangements have, as yet, been made by the county council for the provision of consultant paediatric clinics in connection with child welfare centres, but children considered to require specialist advice are referred to the family doctor who in turn refers them to a consultant paediatrician employed by the regional hospital board. Orthopaedic and other cases requiring consultant advice are also referred to the family doctor.

General Survey.

The number of welfare centres in the county has remained unchanged nor has there been any appreciable variation in attendances.

The increasing amount of clinical work at these centres in recent years in connection with prophylactic procedures has been carried out at the expense of the routine medical sessions with the result that at present it is only possible to arrange for a medical officer to attend once a month. It is, however, hoped to increase these attendances in the future.

The newly built centre in Bridport to replace obsolete premises which have been in use for many years was officially opened by the Mayor of Bridport in November. In accordance with the recent policy of the county council the new building, in addition to the usual clinic accommodation, provides offices for the district medical officer of health and his staff, the health visitors in the area and the welfare officer, the object being to provide facilities for as many services as possible.

Combined injections for immunisation against diphtheria, whooping cough and tetanus are offered for all children about the age of four months attending the centres.

Vaccination against poliomyelitis is also encouraged and, in view of the continued low incidence in the county, protective measures are continued throughout the summer months.

Vaccination against smallpox is also carried out as a routine measure but there is still concern at the relatively low number of children receiving adequate protection as will be seen from the following table which, for comparison, also contains the figures for the previous four years.

<i>Year</i>	<i>County Area</i>	<i>Poole</i>	<i>South Dorset</i>	<i>Total</i>
1956	163	321	216	700
1957	184	465	232	881
1958	149	308	195	652
1959	615	425	246	1,286
1960	387	526	289	1,202
Totals	1,498	2,045	1,178	4,721

Toddlers' Clinics.

The clinic for toddlers at Dorchester is held on two sessions each month and continues to serve a useful purpose for mother needing advice for children with behaviour problems, speech defects, partial deafness, squint, minor orthopaedic disorders and other defects.

As this service has received such enthusiastic support from both parents and staff it is hoped to provide similar facilities in other parts of the county in the near future.

Outline of Work Carried out at the Centres.

The clinical work of the centres is purely preventive in character and aims at early detection of congenital and acquired defects and diseases with the object of referring such cases to the family doctor before complications arise. Each welfare centre is attended by a medical officer, and infants are examined at the first attendance and thereafter as required, any showing signs of deviation from normal health being referred to the family doctor.

Much time is devoted to giving advice on correct diet but the response is not always all that could be desired and young children are allowed to eat far too many sweets which is the main cause of extensive dental caries which is at present giving rise to so much concern. In spite of the fact that wherever possible the times of welfare centres and dental clinics are co-ordinated so as to be in session at the same time, resulting in an increasing number of dental examinations and treatment being carried out before the age of five years is reached, it has been found impossible to keep pace with the increase in caries.

Children born to parents known to be suffering from pulmonary tuberculosis or coming from tuberculous households are, with the approval of the family doctor, referred to the chest physician for investigation and, where necessary, B.C.G. vaccination. Vaccination against smallpox and poliomyelitis and immunisation against diphtheria, whooping cough and tetanus are, however, carried out at all centres.

Analysis of Attendance at Welfare Centres, 1956—1960

	1956	1957	1958	1959	1960
Infants under 1 year of age attending first time ..	2,821	3,033	3,284	3,378	3,729
Children 1—5 years of age attending ..	7,556	7,756	8,131	8,414	8,997
Total attendances of infants under 1 year of age ..	34,647	35,970	40,328	40,977	41,922
Total attendances of children 1—5 years of age ..	20,109	20,854	24,324	23,451	23,409
Number of live births notified ..	4,213	4,312	4,485	4,518	4,817
Percentage that attended while under 1 year of age ..	66.9	70.3	71.0	74.7	77.4

Other Provision

Dental Care—Priority Classes

There has been a marked increase in the number of both expectant and nursing mothers and children under five years of age who have received dental treatment during the year. The number of dental officers employed is now only one below establishment and the provision of new clinics has made available additional and more modern accommodation. More parents are realising the importance of the children having treatment at an earlier age and are also making greater use of the facilities provided by the school dental service.

As far as possible the sessions for dental work and child welfare clinics are synchronised so that patients can be referred by the medical officer or health visitor for immediate dental inspection and subsequent treatment.

In spite of the fact that a large number of the priority classes are also treated by the general dental service it is clear from the growing incidence of dental caries that a great deal of preventive and conservative work remains to be done.

Dental Care of Expectant and Nursing Mothers, 1956—1960

	1956	1957	1958	1959	1960
Number examined ..	250	273	258	269	405
Number needing treatment ..	245	269	258	269	349
Number treated ..	151	195	179	192	247
Number made dentally fit ..	120	130	162	136	201
<i>Particulars of Dental Treatment provided:</i>					
Extractions ..	324	445	285	432	614
Anaesthetics—General ..	39	66	47	64	93
Fillings ..	190	276	272	187	314
Scalings/Gum Treatment ..	81	90	48	30	81
Silver Nitrate ..	—	1	1	2	24
Dentures provided } Complete ..	29	29	25	19	47
} Partial ..	47	31	38	32	26

Dental Care of Children under Five Years of Age, 1956—1960

	1956	1957	1958	1959	1960
<i>Numbers provided with dental care:</i>					
Number examined ..	635	559	786	662	797
Number needing treatment ..	594	516	758	626	690
Number treated ..	536	459	602	583	639
Number made dentally fit ..	485	384	532	467	532
<i>Particulars of dental treatment provided:</i>					
Extractions ..	535	503	668	611	710
Anaesthetics—General ..	322	272	394	324	385
Fillings ..	262	228	344	288	428
Scalings/Gum Treatment ..	6	4	4	2	3
Silver Nitrate ..	40	27	45	45	59

Birth Control

Clinics continued to be held at Blandford, Bridport, Dorchester, Gillingham, Hamworthy, Portland, Wareham and Weymouth. During the year the clinic at Sherborne was closed due to lack of support.

Although these clinics are available only for patients specifically recommended by family doctors an increasing number of requests are being received for advice on family planning. The entire position is being reviewed by the appropriate committee.

Attendances at Contraception Clinics

Clinic				Number of Sessions	First Attendances	Total Attendances
Blandford	..	..	..	24	35	174
Dorchester	..	..	..	36	70	400
Bridport	..	..	..	22	34	220
Wareham	..	..	..	24	35	241
Hamworthy	..	..	..	71	105	796
Weymouth	..	..	..	31	110	187
Gillingham	..	..	..	23	32	105
Sherborne	..	..	..	19	5	32
Portland	..	..	..	13	40	63
Totals	..	..	..	253	466	2,218

Summary of Attendances at Contraception Clinics, 1956—1960

Particulars				1956	1957	1958	1959	1960
Number of Sessions	..	..	..	209	206	226	252	253
First Attendances	..	..	..	411	514	507	512	466
Total Attendances	..	..	..	1,584	1,999	2,496	2,081	2,218

Care of Premature Infants

Domiciliary provision includes special nursing care by the midwife and where necessary the issue of equipment such as hot water bottles, suitable covering and clothing, feeding vessels and special dried milk. When a premature birth can be anticipated the mother is encouraged to have her confinement in a maternity unit or hospital and in practice it is found that a high proportion of infants in this category are born in hospital or are admitted within an hour or so of delivery. Arrangements have been made to equip all full-time ambulance depots with a special cot for transferring these cases to hospital.

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants when needed. In doubtful cases a paediatrician on the hospital staff visits the home at the request of the family doctor and, if he considers admission to hospital unnecessary, advises on the domiciliary care of the infant.

Of the number of premature infants notified in 1960 seventy-nine per cent survived one month.

Statistics

Weight and Survival of Premature Births during 1960

Weight at Birth	Premature Live Births															Premature Stillborns	
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hos- pital	Born at home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days		
3 lb. 4 oz. or less	26	14	9	9	4	1	4	1	1	—	—	—	—	—	—	27	—
Over 3 lb. 4 oz. up to and in- cluding 4 lb 6 oz.	37	5	30	9	1	4	4	—	4	—	—	—	—	—	—	7	3
Over 4 lb. 6 oz. up to and in- cluding 4 lb. 15 oz.	36	1	30	10	—	5	5	—	4	—	—	—	—	—	—	5	—
Over 4 lb. 15 oz. up to and in- cluding 5 lb. 8 oz.	104	5	99	48	—	45	2	1	1	—	—	—	—	—	—	6	3
Totals	203	25	168	76	5	55	15	2	10	—	—	—	—	—	—	45	6

Premature Infants Notified, 1956—1960

<i>Premature Live Births</i>	1956	1957	1958	1959	1960
Number of premature infants notified	303	245	274	262	294
Number of premature infants who were					
Born at home	72	63	85	77	91
Born in hospital or nursing home	231	182	189	185	203
Number of those born at home and nursed entirely at home who:					
(1) died during first 24 hours	3	—	4	4	5
(2) survived at end of one month	54	46	52	54	55
Number of those born at home who were transferred to hospital ..	14	17	29	18	15
Number of those born in nursing homes who:					
(1) died during first 24 hours	—	—	—	—	—
(2) survived at end of one month	—	1	1	5	—

Children Neglected or Ill-treated in their own Homes

Arising from a circular issued jointly in 1950 by the Home Office, Ministry of Health and Ministry of Education with regard to children neglected or ill-treated in their own homes, the county council appointed the clerk of the county council temporarily as designated officer. Regular meetings of officers are suggested in the circular but are not held in this county. Arrangements can, however, be made for significant cases of child neglect and all cases of ill-treatment to be reported to the designated officer so that appropriate joint action can be taken.

Protection of Children from Tuberculosis

In accordance with a recommendation by the Ministry of Health, applicants for employment in residential nurseries and children's homes provided by the county council undergo a routine medical check, including a radiological examination of the chest, before engagement and an annual x-ray examination thereafter. During the year under review nine initial and 15 annual x-ray examinations were completed. None of the films showed signs of tuberculous infection.

Applicants for employment at the two residential establishments for handicapped pupils maintained by the Dorset Local Education Authority are dealt with in the same way and three radiological examinations of the chest were carried out in 1960, none of the films showed signs of tuberculous infection.

Day Nurseries

The provision of day nurseries in the county is limited to one at Poole, which is maintained by the county council and considered adequate to meet the demands for this service. No day nurseries are maintained by voluntary organisations.

Admissions are confined to children between the ages of two and five years whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family; mothers who are single, separated, widowed or have disabled or invalid husbands are also assisted in this way. A charge is made in respect of each child admitted and the chairman of the appropriate sub-committee is, in consultation with the area medical officer, empowered to reduce the amount in case of hardship. The following order of priority has been adopted by the county council to be applied when applications for admission of children to the day nursery are being considered:—

- Children living with only one parent or guardian in poor circumstances upon whose earnings their maintenance depends;
- Children for whose daily care arrangements are desirable by reason of the necessity for the person who would normally have care of them in the house to be gainfully occupied in order to maintain a reasonable minimum standard of subsistence;
- Children whose admission to a day nursery is rendered desirable for reasons of financial hardship or difficult domestic circumstances not amounting to a qualification under (a) or (b) above, or by reason of a need for disciplinary training.

The nursery, which was opened in 1952, was specially built for the purpose and is pleasantly situated in the grounds of Belmont Court, Parkstone. It is fitted with good modern equipment and there is ample space for indoor and outdoor activities. In addition to providing amenities conducive to the mental and physical well-being of the growing child the nursery serves as a valuable centre for imparting principles of mothercraft and general health education to mothers making use of the service.

Statistics

<i>Day Nursery</i>	1956	1957	1958	1959	1960
Number of approved places ..	50	50	50	50	50
Number of children on register at end of year	47	49	50	50	50
Average daily attendance during year	26	31	35	23	29

Distribution of Welfare Foods

There has been no change in the procedure for the distribution of welfare foods throughout the year and the voluntary helpers in the scheme have continued to give most valuable service.

Eight subsidiary centres have closed through removal or death of the helpers and ten new centres have been opened. In every instance where businesses have changed hands it has been found that the new owners have continued to operate the service.

Welfare Foods Distributed

	1956	1957	1958	1959	1960
National Dried Milk (tins)	121,270	92,535	76,821	73,050	65,176
Cod Liver Oil (bottles) ..	31,993	26,736	18,302	16,730	16,479
Vitamin A & D (packets) ..	12,885	12,616	12,671	12,998	14,184
Orange Juice (bottles) ..	223,452	231,135	149,375	146,909	143,738

MIDWIFERY (Section 23) (Tables 10—12)

Administrative Arrangements

All midwives in the county are now in the full-time employment of the county council and there is no great difficulty in filling a vacancies which arise thus maintaining a full establishment.

Supervision of Midwives

Medical supervision is carried out by the county medical officer of health assisted by a senior medical officer and the area medical officers in Poole and South Dorset. The county nursing officer is responsible for the non-medical supervision of midwives; she has a deputy, and an assistant who is the non-medical supervisor of midwives in Poole. Altogether 306 routine visits were made to midwives by the non-medical supervisors of midwives and it was not found necessary to suspend any midwife because of her being a source of infection.

Refresher Courses

The Central Midwives Board require all practising midwives to undertake a course of post-graduate training once in every five years and arrangements are made to meet this requirement. Fourteen midwives attended refresher courses during the year.

Administration of Analgesics by Midwives

All seventy-one midwives employed in the service are qualified to administer gas and air analgesia in accordance with the regulations of the Central Midwives Board and sixty-four sets of apparatus are in use. Three machines for the administration of trilene, as alternative to gas and air, are provided. Arrangements are made for regular quarterly servicing of machines. All midwives are also qualified to administer pethidine in order to provide their patients with the benefit of this form of analgesia.

Statistics

Midwives qualified to administer Gas and Air Analgesia

	1959	1960
(1) Institutional Midwives:		
(a) Employed in homes and hospitals in the National Health Service	48	50
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	3	3
Totals	51	53
(2) Domiciliary Midwives:		
Employed directly by the Local Health Authority	67	71

*Sets of Apparatus for the administration of Gas and Air in use by Domiciliary Midwives
at the end of each year*

	1959	1960
Used by midwives in direct employment of the Local Health Authority	64	64

Number of Cases in which Gas and Air was administered by Midwives in Donuiciliary Practice during the years 1959—1960

	1959	1960
By midwives employed directly by the County Council:		
(1) when acting as a midwife	1,239	1,245
(2) when acting as a maternity nurse	326	392
Totals	1,565	1,637

Number of Cases in which Pethidine was administered by Midwives in Domiciliary Practice during the years 1959—60

	1959	1960
By midwives employed directly by the County Council:		
(1) when acting as a midwife	919	957
(2) when acting as a maternity nurse	256	382
Totals	1,175	1,339

Arrangements for Ante-Natal Supervision by Midwives

As most cases are now booked by the family doctors, ante-natal supervision is given by the midwives by arrangement with them. In the rare event of midwife booked cases, routine domiciliary visits are paid monthly during the first six months; fortnightly during the seventh and eighth months and weekly during the ninth month with additional visits as may be found necessary. In all cases, however, the patient is advised to book a doctor.

In addition midwives encourage their patients to attend relaxation classes and mothercraft talks at the nearest centre. This service is much appreciated both by the midwives and patients and the interest of both groups is beneficial to midwifery and child care.

Co-operation with General Practitioners

With very few exceptions co-operation between midwives and general practitioners is satisfactory. Doctors are asked to indicate to the midwife the degree of supervision they intend to exercise and whether they intend to be present at the confinement or only to be summoned by the midwife in an emergency. In maintaining statistical records, endeavour has been made to differentiate between these two types of cases giving credit to the midwife for extra responsibility.

In some areas in the rural parts of the county general practitioner obstetricians set aside sessions, usually one morning each week, when they do rounds with the domiciliary midwife. It is then possible for the doctor and midwife to see the patient together in the homes where the confinement will take place and this has been found to be of great benefit to the patient, doctor and midwife.

Medical Aid

The scheme for supplying medical aid to mothers and infants continues as in previous years.

Statistics

Medical Aid under Section 14 (1) of Midwives Acts, 1918—1951

<i>Cases in which medical aid was summoned during the year by Midwives</i>	1956	1957	1958	1959	1960
(a) Domiciliary Cases:					
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	101	203	261	290	307
(ii) Others	11	13	10	8	10
(b) For cases in Institutions	3	9	9	6	2
Totals	115	225	280	304	319

Midwifery Cases Attended, 1960

<i>Cases attended by</i>	<i>Domiciliary</i>		<i>Hospitals</i>	
	<i>Midwifery</i>	<i>Maternity</i>	<i>Midwifery</i>	<i>Maternity</i>
Midwives employed by the County Council ..	1,467	479	—	—
Midwives employed in Hospitals	—	—	1,739	660
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	39	8	—	—
Totals	1,505	487	1,739	660

Selection of Hospital Confinements on Social Grounds

In accordance with the suggestions of the Ministry of Health, assistance is given to the hospital by the local health authority in recommending whether or not cases booked for confinement in a maternity unit should be admitted on social grounds, after investigation by a midwife on the home circumstances. If the provision of a domestic help will facilitate home confinement, the necessary arrangements are made whenever possible.

The number of maternity beds available in the West Dorset Group Hospital Management Committee area is adequate to meet all applications for accommodation with the result that the question of admission on social grounds has not arisen for some years. In East Dorset, however, the position is different and the demand continues to exceed the number of beds available.

During the year there has been a considerable improvement in the home help service and at no time has a woman had to go to hospital for confinement because adequate domestic help could not be made available.

Statistics

Selection of Hospital Confinements on Social Grounds

Source	1959			1960		
	Requests for investigation of home conditions	Recommended for hospital confinement	Not recommended for hospital confinement	Requests for investigation of home conditions	Recommended for hospital confinement	Not recommended for hospital confinement
Bournemouth and East Dorset H.M.C.	331	200 (60.4 per cent)	131 (39.6 per cent)	372	215 (57.8 per cent)	157 (42.2 per cent)
Other Sources	30	19 (63.3 per cent)	11 (36.7 per cent)	6	5 (88.3 per cent)	1 (16.7 per cent)

Training

Part II district midwifery training is arranged in conjunction with the West Dorset Group Hospital Management Committee. Midwives approved by the Central Midwives Board as district teachers accept pupils in rotation as bookings permit. A pupil spends half of her six months training period on the district and in 1960 seventeen pupils were trained as compared with twenty-one during the previous year.

Maternal and Neonatal Deaths and Conditions Associated with Childbirth

During the year sixty-two cases of puerperal pyrexia and six of ophthalmia neonatorum were notified compared with forty-nine and four respectively in 1959. As in previous years there was no impairment of vision and this disease is now little more than a nuisance. An analysis of the neonatal deaths during the year reveals the following fundamental causes:

Cause of Death	No.	Percentage of Total
Prematurity ..	19	32.7
Congenital defects ..	8	13.8
Birth injuries ..	7	12.1
Atelectasis ..	9	15.5
Respiratory infection ..	7	12.1
Rh. factor	1	1.7
Others	7	12.1
	58	100.0

Statistics

Infectious Diseases associated with Childbirth, Maternal and Neonatal Deaths, 1956-60

Cases Notified		1956	1957	1958	1959	1960
Puerperal Fever:	Domiciliary Confinements ..	7	4	3	15	11
	Institutional Confinements ..	53	53	47	34	51
Ophthalmia Neonatorum:	Domiciliary Confinements ..	—	3	—	—	—
	Institutional Confinements ..	2	3	1	4	6
Maternal Deaths .. ..	.. .. .	2	—	3	2	2
Neonatal Deaths .. ..	.. .. .	74	59	46	47	58

Comparison between Hospital and Domiciliary Confinements, 1956—1960

	Poole Area					South Dorset Area					Remainder of County					Whole County				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
1. The total number of live births notified during the year	1256	1226	1269	1193	1339	934	985	912	987	1035	1861	1861	1966	2024	1988	4051	4072	4147	4204	4362
2. The percentage of notified births which took place in hospitals and nursing homes ..	51	51	39	43	39	74	75	75	75	71	61	60	57	57	57	61	60	54	57	55
3. The percentage of domiciliary confinements ..	49	49	61	57	61	26	25	25	25	29	39	40	43	43	43	39	40	46	43	45

HEALTH VISITING (Section 24) (Table 13)

Administrative Arrangements

In order to achieve the maximum co-operation between the various officers working in the field the local government areas in the county have been taken as convenient boundaries within which the health visiting areas have been allocated. No difficulty has been experienced in filling any vacant posts which arose thus maintaining the full establishment of health visitors who are also employed as school nurses spending an average of three sessions per week on these duties.

In addition to the establishment of health visitors working on the district five liaison or senior health visitors are employed for special duties. Of these, two are concerned with the domiciliary care of the aged, one with the care of physically handicapped persons other than the blind and deaf and two with the rehabilitation of problem families. In addition a tuberculosis health visitor is employed in Poole.

Routine Visiting

There have been no changes during the year. A record card is forwarded to the appropriate health visitor following the notification of each birth so that she may commence visiting at the appropriate time in order to give advice on general management and health matters. In cases of domiciliary confinement in the county area the midwife ceases to visit on the twenty-eight day of the puerperium, when the health visitor becomes responsible. In the Poole area health visitors take over on the fourteenth day. In cases of hospital confinement the health visitor is notified on the day of discharge and visits the home within the following few days. Known particulars of each infant, whether born at hospital or at home, are forwarded to the health visitor so that at her first visit to the home she may be familiar with the salient features of the case. Following the first visit circumstances determine the frequency of follow-up and this method of selective visiting has worked extremely well. As in previous years more time is being given to problem families and aged persons. Details of these schemes appear elsewhere in this report.

Special Visiting

Schools Follow-up and Cleanliness

Each health visitor in her capacity of school nurse carries out follow-up visits in connection with defects detected at school medical inspections and also visits the homes of school children for the purpose of making special reports when required by the school medical officer. She visits the schools regularly in order to assist the medical officer at medical examinations and on her own account for hygiene inspections.

During the year under review health visitors have continued to give talks on health education and mothercraft to senior girls at selected secondary modern and grammar schools in the county. These talks, well received by teaching staff and pupils, have a stimulating effect on personal hygiene and are valuable in giving the girls an insight into the aims and objects of preventive medicine. From the County School for Girls, Dorchester, organised groups attended the clinic for short courses of instruction in child welfare.

Tuberculosis

A special health visiting record card, giving such details as home address and type of the disease, is sent to the appropriate health visitor for each new case added to the tuberculosis register. The home is visited and a report on environment and contacts, together with recommendations concerning any service the patient requires that can be provided under the care and after-care scheme, is made to central office within ten days. In all cases a copy of this report is sent to the chest physician so that he can arrange for the examination of contacts and B.C.G. vaccination in suitable cases. The chest physician in turn notifies discharges from sanatoria and arrangements are made for the health visitor to commence visiting as soon as possible. This she continues to do at least once in very three months when the disease is active and six-monthly in quiescent cases.

In each of the Bournemouth and East Dorset and West Dorset Hospital Management Committee areas a health visitor held a joint appointment at the chest clinic carrying out liaison duties between the two parts of the National Health Service. During the year however, the Bournemouth and East Dorset Hospital Management Committee appointed a full-time clinic sister and while the tuberculosis health visitor maintained liaison with the chest clinic she was able to spend more time on home visiting and follow-up.

Poliomyelitis Vaccination

The scheme, initiated during 1956 and later expanded to include all persons up to the age of twenty-six years, has given considerable additional work to the health visitors and the success of the vaccination programme is in no small measure due to their enthusiastic efforts. The house to house campaign carried out in 1956, followed by propaganda in the home, clinic and schools, has an important bearing on the success of vaccination against this disease.

Care of the Elderly

The concept of the care of the family as a whole has now been well established in this county. Work is carried out with all groups in the community and the health visitors pay special attention to elderly persons. Arrangements are made to inform the aged of the services available and this work, which increases each year, is found to be time consuming.

Hospital almoners and family doctors refer cases to health visitors who in turn submit special record cards to central office where they are closely scrutinised by the two liaison health visitors and the senior medical officer for welfare services. This branch of the work has become a most important part of the social services and it is evident that a new concept of the duties of a health visitor is emerging.

Surveys

In addition to their routine duties, health visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical importance. These surveys, as well as contributing to medical knowledge, give an added interest to their work.

Attendance at Clinics

The health visitor is responsible for the infant welfare centres in her area and attends all sessions as part of her duties; districts are so arranged that each health visitor has at least one clinic to supervise. Advice is given on the various problems raised by mothers and when necessary consultations with the clinic medical officers are arranged. Most of the children are immunised or vaccinated at the child welfare centres and when possible booster doses are given before the child reaches school age. Health education is a prominent function of the centre and in this the health visitor plays a major role.

Co-operation with General Practitioners

In many districts the health visitor works in close co-operation with the family doctor on matters connected with his patients. This works well in the rural districts where the health visitor can pay personal visits to the surgery but complaints are frequently received from practitioners that they are unable to communicate by telephone. It is hoped that in the near future it will be possible for most of the health visitors to be based on clinics where they will be available for short periods each week. County council policy is not to provide health visitors with telephones in their own homes.

Co-operation with Hospitals

In cases of early discharge from hospital where care is needed for mothers, children and old people, the hospital almoners notify either the health department or the health visitor direct. Health visitors also visit the home when information is required regarding environmental conditions before patients are discharged.

Co-operation has been well maintained during the year and has proved particularly valuable in the follow-up of mothers and old people after returning home from hospital.

In Dorchester, Poole and Weymouth health visitors attend on rota at hospital paediatric clinics where they are able to advise the paediatrician regarding the home conditions of the children and in their follow-up visits to the home ensure that advice given to the parents is being reasonably interpreted. In the South Dorset area health visitors attend the special ear, nose and throat clinics for children.

Where space and facilities are available the health visitor attends the hospital and ante-natal clinics to give talks and practical demonstrations on mothercraft. In addition to the obvious benefits to the mother, this arrangement enables the health visitor to be fully informed on all circumstances concerning the confinement so that subsequent visiting is made easier.

Facilities for Refresher Courses

All health visitors in the employment of the county council attend a post-graduate course of study once in five years. During the year five health visitors attended such a course.

Training

The county council contributes towards the training of student health visitors but no special grants or arrangements were made for health visitors during the year. In-service training is arranged from time to time. Two conferences were held during the year and a party of health visitors visited the United Kingdom Atomic Energy Establishment at Winfrith in May.

Statistics

Summary of Visits paid by Health Visitors during 1959—1960 (excluding work as school nurse)

Type of Visit	1959		1960	
	First Visits	Total Visits	First Visits	Total Visits
<i>Routine Visits:</i>				
Expectant Mothers	1,020	1,475	1,078	1,596
Post-Natal Cases	2,938	3,316	4,478	4,820
Children under one year	4,341	24,591	4,748	27,138
Children between one and two years	152	13,446	128	14,510
Children between two and five years	242	22,757	206	24,239
<i>Special Visits:</i>				
Ophthalmia Neonatorum	2	3	3	4
<i>Care and After-Care:</i>				
Tuberculosis Households	230	2,208	168	1,216
Tuberculosis Patients	234	2,415	178	1,328
Mental Health	3	106	6	93
Old People	1,122	6,258	1,152	7,105
Other After-Care Visits	112	725	169	938
Problem Families	71	2,159	92	2,704
Other categories of Mental Illness	7	48	17	104
<i>Handicapped Persons:</i>				
General Classes	198	1,151	210	1,573
Deaf and Dumb	1	38	1	38
Hard of Hearing	4	36	2	22
Blind and Partially sighted	2	41	13	56
<i>Miscellaneous:</i>				
Maternity and Child Welfare Clinics attended	—	2,544	—	2,619
Chest Clinics attended	—	562	—	282
Lectures or Talks given	—	348	—	355
Other Home Visits	—	2,369	—	2,271

HOME NURSING (Section 25)

Administrative Arrangements

The supervision of the service is carried out by the county nursing officer assisted by her deputy and an assistant.

In Poole, Weymouth, Dorchester and Bridport whole-time nurses are employed but in the rest of the county the appointments are combined nursing and midwifery and as mentioned above no great difficulty has been experienced in filling vacancies and maintaining the establishment.

Co-operation with General Practitioners

Applications for the services of the home nurses are made by family doctors or through patients or relatives direct to the nurse concerned. The nurse works in close co-operation with the doctor and arrangements are made for them to meet either at the home of the patient or at the surgery in order to discuss mutual problems concerning patients.

In Poole there is a central office to deal with enquiries, especially by telephone, and the allocation of cases. This is found necessary in this populous area but it would be uneconomical for the smaller districts where the nurse can deal with her own calls.

Liaison with Hospitals

Discharge notices of patients requiring treatment are sent by the almoners in Poole to the central office and elsewhere direct to the nurse concerned. This ensures continuity of treatment and the arrangement works well.

Refresher Courses

Midwives attend post-graduate courses once every five years. Full-time home nurses attend such courses as are available from time to time. During the year fourteen midwives and three home nurses attended courses.

Training

Arrangements are made through the Queen's Institute of District Nursing for selected candidates to be given special training. During the year two candidates were sponsored in this way and on completion of training returned to take up duties in the county.

Statistics Home Nursing Staff, 1956—1960

	1956		1957		1958		1959		1960	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	3	—	3	—	3	—	3	—	5
Senior Nurse	1	—	1	—	1	—	1	—	—	—
Queen's Nurse (Male) ..	1	—	1	—	1	—	1	—	1	—
Queen's Nurse (Female) ..	13	41	16	36	15	34	14	34	16	39
State Registered Nurse ..	7	3	6	6	8	7	8	10	6	7
State Enrolled Assistant Nurse ..	1	7	1	7	1	7	1	7	1	7
Equivalent Whole-time Home Nursing Staff (omitting Administrative Staff) ..	47.0		49.5		50.0		50.5		50.5	
Queen's district training ..	2		1		2		2		2	

Summary of Cases attended and Visits paid by Home Nurses, 1958—1960

Classification	1958		1959		1960	
	Cases	Visits	Cases	Visits	Cases	Visits
Medical	5,738	124,557	5,860	120,818	5,794	118,385
Surgical	1,941	30,786	1,787	32,533	1,571	30,549
Infectious Disease	4	32	17	47	3	2
Tuberculosis	111	4,934	105	5,196	111	4,075
Maternal Complications	41	227	32	258	48	240
Others	37	91	34	139	42	407
Totals	7,872	160,627	7,835	158,991	7,569	153,658
Patients 65 or over included in above ..	4,754	115,245	4,499	109,145	4,441	87,358
Children under 5 included in above ..	342	1,620	397	1,929	335	1,794
Patients included in above with over 24 visits	1,567	115,872	1,551	111,433	1,461	104,340

Summary of Cases Attended and Visits Paid by Home Nurses, 1956—1960

<i>Number of cases attended by Home Nurses during the year</i>					<i>Number of visits paid by Home Nurses during the year</i>				
1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
8,061	8,494	7,872	7,835	7,569	163,646	163,656	160,627	158,991	153,658

IMMUNISATION AND VACCINATION (Section 26) (Tables 14—19)

Diphtheria, Whooping Cough and Tetanus Immunisation

Administrative Arrangements

The use of triple antigen, which enables children to be immunised against diphtheria, whooping cough and tetanus simultaneously with the minimum number of injections, has continued. The procedure is carried out by medical practitioners and by medical officers at child welfare clinics and three injections at monthly intervals are given commencing at the age of four or five months.

In the north Dorset area additional immunisation sessions were held at each of the four clinics after school hours as it was felt that this would be an added encouragement to parents to have the older children protected; later these facilities were extended to the Dorchester area. All the extra sessions were well attended.

Measures to Encourage Immunisation

Lectures are given at clinics, schools, parent-teacher associations, women's institutes and to other interested bodies. Leaflets are distributed and posters displayed in public buildings and clinics but the most effective form of publicity is, undoubtedly, direct with the parents by doctors and health visitors. There is a continuing need to combat the sense of confusion which the multiplicity of immunising procedures has created in the minds of the public but the issue of personal cards to record all immunisations and vaccinations given should be of great help.

Smallpox Vaccination

Administrative Arrangements

There has been no change in the administrative arrangements. The number of vaccinations of children under one year was 1,200 and of children of one to four years 1,488. This compares with 1,215 and 1,444 respectively in 1959. A total of 2,961 persons were vaccinated during 1960 and 583 were re-vaccinated.

Organised Methods to encourage vaccination

These are carried out by means of posters and the distribution of publicity material. Films on the subject are shown at child welfare centres and the subject is included as often as possible in the health education campaign.

In giving consideration to the continuing need for vaccination against smallpox and the spread of the disease through modern means of travel the county council decided to remind general practitioners and health visitors of this and ask them to intensify their effort to increase the number vaccinated.

Arrangements in the event of an outbreak of smallpox

In the event of a smallpox outbreak in any part of the county creating a large emergency demand for smallpox vaccination or re-vaccination, arrangements would be made with medical practitioners for special sessions to be held, the public being informed of the measures in operation by means of press notices, announcements in cinemas and other places of entertainment and by loud-speakers.

Poliomyelitis Vaccination

Administrative Arrangements

The poliomyelitis vaccination campaign has continued smoothly during the year. Although the numbers vaccinated did not reach the proportions of the previous two years, a very steady volume of work was sustained. The majority of vaccinations continue to be carried out by the county medical staff but an increasing number of medical practitioners are co-operating in the scheme and the number of vaccinations carried out by them has steadily increased.

The vaccination of persons over forty years of age, instituted at the end of the year, did not affect local health authority's arrangements as the procedure is carried out entirely by general practitioners with vaccine obtained on prescription from the chemists.

Statistics

The following table shows the number of persons who were vaccinated against poliomyelitis during 1960:—

Class	Received two injections				Received third injection			
	County Area	Poole Area	S. Dorset Area	Totals	County Area	Poole Area	S. Dorset Area	Totals
Children born in years 1943—1960	2,615	1,082	990	4,687	13,111	8,386	5,678	27,175
Persons born in years 1933—1942	1,184	330	721	2,235				
Persons born before 1933 who have not reached their 40th birthday ..	6,366	1,572	3,969	11,907				
Others	525	14	200	739				
Totals	10,690	2,998	5,880	19,568				

Organised measures to encourage vaccination

Arrangements were made to explain the merits of this vaccination by lectures, press articles and individual approach to parents by health visitors.

AMBULANCE SERVICE (Section 27) (Tables 20 and 21)

Administrative Arrangements

The reorganisation of the service to include the whole county under central radio control was completed during the year. All hospitals and general practitioners now submit their requests for transport direct to County Hall, Dorchester, and vehicles are controlled from there by radio through fixed stations on Bulbarrow and Eggardon the highest points in East and West Dorset respectively.

This new scheme has already resulted in the best efficiency figures yet obtained in the categories for 'average mileage per patient' and 'average number of patients per journey'.

The voluntary services in Shaftesbury, Gillingham and Charmouth continue to operate satisfactorily and mutual aid agreements with neighbouring counties have been renewed.

All drivers entering the service in future will be required to undergo a series of medical examinations; at the time of appointment, on attaining the age of fifty, fifty-five and sixty and annually thereafter. Drivers already in employment have been invited to participate in this scheme which is to their own advantage.

Training

A Dorset team once again won the regional ambulance competition which on this occasion was held in Dorchester, eight teams from South Western England competing. This team was later placed fourth in the National competition held at Moreton-in-the-Marsh, Gloucestershire.

The names of forty-five drivers were entered for the national safe driving competition and of these forty-one received awards.

An advanced course in first-aid for drivers and attendants was held and similar courses will in future be held annually in both Poole and Dorchester. Attendance is voluntary and all lectures are very well supported.

Ambulance Stations

Land and garages adjoining the rural district council offices at Sturminster Newton were purchased for an ambulance station which, when completed in the near future, will become the main station in north Dorset.

Provision was made at Lyme Regis for garage accommodation housing two ambulance vehicles. At present accommodation for a single ambulance is rented from a garage proprietor.

The addition of a duty room to the garage at Wareham was also scheduled which should add considerably to the comfort of the two drivers employed there, particularly during the winter months.

Vehicles, Uniform and Equipment

Two Austin ambulances, one Ford Thames dual purpose ambulance and one Bedford dual purpose ambulance were purchased as replacements. It was also decided that in view of the increasing mileage run by ambulance vehicles, an additional reserve vehicle should be purchased.

An issue of white shirts and collars to drivers was made. Considerable difference of opinion exists amongst local authorities concerning the free issue of such items as shirts, collars, tie, boots or shoes and a nationally agreed schedule of uniform would be very welcome.

A Stephenson Minuteman resuscitator was purchased for use in Poole and a similar provision will be made later for Dorchester and Weymouth.

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year	Mileage for year	Increase (+) or decrease (—) on previous year
1950	334,200	+96,124	396,888	+19,709	731,088	+115,833
1951	363,728	+29,528	385,247	—11,641	748,975	+17,887
1952	378,199	+14,471	376,526	—8,721	754,725	+5,750
1953	440,612	+62,413	388,991	+12,465	829,603	+74,878
1954	434,659	—5,953	420,231	+31,240	854,890	+25,287
1955	459,421	+24,762	471,308	+51,077	930,729	+75,839
1956	443,576	—15,845	501,109	+29,801	944,685	+13,956
1957	448,778	+5,202	482,494	—18,615	931,272	—13,413
1958	461,046	+12,268	577,098	+94,604	1,038,144	+106,872
1959	487,746	+26,700	612,880	+35,782	1,100,626	+62,482
1960	487,922	+176	640,262	+27,382	1,128,184	+27,558

Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1952	9.15	1.75	9.95	2.78
1953	10.01	1.77	9.13	3.05
1954	9.40	1.88	9.47	3.11
1955	9.37	1.97	9.61	3.00
1956	9.36	2.02	9.49	3.07
1957	8.98	2.23	9.83	3.00
1958	9.18	2.32	9.70	3.02
1959	8.35	2.66	9.77	3.02
1960	7.65	2.81	9.30	3.18

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

This section of the National Health Service Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness, and for the after-care of patients generally.

Tuberculosis

Administrative Arrangements

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Health visiting record cards are issued for each new case, and the home is visited initially and thereafter at three-monthly intervals by the district health visitor until the case becomes quiescent. Two health visitors attend the chest clinics at Poole and Dorchester respectively, and act as liaison officers between the chest physicians and the district health visitors. This means of co-operation has worked well and has been supplemented by monthly conferences when the district medical officer, the health visitor and chest physician meet to discuss the clinical and social aspects of the individual cases. Notifications of admission to hospital are received from the chest physicians and passed to the health visitors. When a death is attributed to tuberculosis and no notification has been received during the lifetime of the patient, the medical practitioner is contacted and all relevant details are passed to the chest physician in order that follow-up action of contacts may be carried out.

The Dorset Branch of the British Red Cross Society continues to provide an efficient after-care service to meet the needs of tuberculous patients.

Arrangements are made at the county health department for issuing free milk grants to necessitous cases and providing sleeping shelters as required for domiciliary cases.

Employment

During the year no difficulty has been experienced in excluding from employment infectious workers suffering from tuberculosis. This aspect of tuberculosis prevention and after-care is particularly important where older patients, who are still in an infective state, are employed in close contact with younger persons. Close liaison is maintained between the chest physician and the re-settlement officer regarding the placement of a few sputum positive patients capable of work, and no cases thought likely to be a danger to others have persisted in anti-social activities. With new treatment methods, however, the number of such cases who are not rendered free from infection in a short time is rapidly decreasing.

The county council undertakes financial responsibility for the maintenance of cases specifically recommended by the chest physician for admission to rehabilitation centres. During the year two such persons were still at the Enham Alamein village centre.

Statistics

Tuberculosis—Care and After-Care

	1956	1957	1958	1959	1960
Number of visits paid by Health Visitors ..	3,365	3,288	2,814	2,415	1,328
Number of shelters provided ..	5	5	4	4	3
Number of patients receiving milk grants ..	26	33	55	57	52
Total number of pints of milk issued ..	12,510	11,780	17,792	19,065	17,714
Average number of pints of milk per day issued	34.2	32.2	48.7	52.2	48.4

B.C.G. Vaccination of Tuberculosis Contacts

In this scheme the contacts of persons suffering from tuberculosis are given a preliminary skin test by the chest physician and, if as a result of this are considered suitable, are vaccinated. During 1960 a total of 394 children received this protection compared with 328 in 1959.

Statistics

	1956	1957	1958	1959	1960
Number of contacts successfully vaccinated	383	489	390	328	394

B.C.G. Vaccination of Schoolchildren

The B.C.G. vaccination of thirteen-year-old school children was somewhat curtailed in 1960 owing to pressure of other work. Altogether fifty-three schools were visited during the year including eleven independent schools. Of the 4,579 children eligible parental consent was given in 3,789 cases, a percentage of 82.7. This again is an increase over the previous year.

The number of positive reactors was 10.8 per cent, only a very slight decrease as compared with 1959 but a considerable reduction when compared with the corresponding figure of 37 per cent obtained in 1954. Arrangements are made for these children to be x-rayed and to be further followed up if necessary.

Statistics *B.C.G. Vaccination of School Children*

	1956	1957	1958	1959	1960
Number of schools visited ..	73	86	56	68	53
Number of children eligible ..	4,903	6,582	2,266	5,942	4,579
Number of parental consents ..	3,318 (67.5 %)	4,621 (70.2 %)	1,753 (77.3 %)	4,333 (81.3 %)	3,789 (82.7 %)
Number of children Mantoux tested ..	3,244	4,260	1,601	4,174	3,689
Positive reactors ..	628 (19 %)	687 (16.1 %)	237 (14.8 %)	455 (10.9 %)	401 (10.8 %)
Negative reactors vaccinated ..	2,584	3,441	1,347	3,673	3,194
Absentees	32	132	141	159	225

Mass Miniature Radiography

As in previous years mass miniature radiography has been undertaken in the county by the Dorset, West Hampshire and South Wiltshire unit of the Wessex Regional Hospital Board and I am indebted to the medical director for details of the work in this area. The main centres of population are visited regularly and visits paid to places of work, schools, etc. A considerable amount of preparation and publicity is undertaken before a local campaign is launched and the units staff work in close co-operation with the district medical officers of health, county health department, school teachers, employers of labour and others.

During the year the arrangements have continued to run smoothly and the number taking advantage of the service continues at a high level. A total of 6,849 persons were examined in the county and of these 82 (1·20 per cent) were recalled for full size radiological photographs to be taken. Following this second examination 40 (0·58 per cent) were examined clinically and of these thirty-seven were referred to the chest physician as suspected cases of pulmonary tuberculosis. It is interesting to note, however, that fifteen were referred either to the chest clinic, the family doctor or the hospital as suffering from an unsuspected non-tuberculous lesion. It would appear therefore that the mass radiography unit is now serving a purpose for which it was not originally intended but nevertheless a most important one.

Statistics

Examination and follow-up of cases 1960

Number examined	6,849
Number recalled for large film examination	82 (1·20%)
Number recalled for clinical examination	40 (0·58%)
Number referred to Chest Clinic	37 (0·54%)
(a) probably tuberculous	25 (0·37%)
(b) probably non-tuberculous	12 (0·17%)
Number referred to doctor or hospital	3 (0·04%)

Ultimate diagnosis and Disposal of cases referred to chest clinic

	Male	Female	Total
Number of cases diagnosed as active pulmonary tuberculosis and recommended for hospital treatment	7	2	9
Number of cases diagnosed as active pulmonary tuberculosis and recommended for domiciliary treatment	2	3	5
Number diagnosed as tuberculosis requiring occasional outpatient supervision only	3	4	7
Number classified as inactive tuberculosis, no further action considered necessary	3	1	4

Diagnosis and disposal of non-tuberculous cases

	Male	Female	Total
Number referred to chest clinic	—	—	12
Number referred to doctor or hospital	—	—	3
Cardiovascular lesions	1	2	3
Primary carcinoma of lung	1	1	2
Non-tuberculous conditions	5	5	10

Age groups examined and incidence of active pulmonary tuberculosis

	Under 14	14	15—19	20—24	25—34	35—44	45—54	55—59	60—64	65+	Total
Males:											
Examined	3	—	427	318	936	894	784	303	187	213	4,065
Active Cases	—	—	—	—	1	2	4	—	2	—	9
Rate per 1,000	—	—	—	—	1·06	2·23	5·10	—	10·69	—	2·21
Females:											
Examined	10	—	424	300	532	515	423	191	154	235	2,784
Active Cases	—	—	1	2	—	—	1	1	—	—	5
Rate per 1,000	—	—	2·35	6·66	—	—	2·36	5·23	—	—	1·80

Odelca Camera Unit

In addition to the work carried out by the 35 mm. unit, the Regional Hospital Board provided a 100 mm. Odelca Camera Unit which is installed in a motor vehicle complete with office space and generating its own power. This unit is primarily intended for general practitioner referral cases, and is staffed by one radiographer and one clerk. The unit is also used for surveys in small factories and institutions, routine X-ray of hospital staffs and has been made available to the local health authority for pre-employment examination and also for the routine examination of naval personnel in Weymouth.

The service has been greatly appreciated by the doctors in the area and has proved a valuable and fruitful method of detecting new active cases of pulmonary tuberculosis and other chest conditions.

Statistics

An analysis of the results is as follows:—

Number x-rayed 9,000
 Number referred to chest clinic .. 177

	Male	Female	Total
Tuberculosis, requiring hospital treatment	9	6	15
Tuberculosis, requiring domiciliary treatment	9	4	13
Tuberculosis, requiring occasional supervision only	24	13	37
Inactive tuberculosis, no further action necessary	3	1	4
Carcinoma of lung	9	1	10
Non-tuberculous conditions	55	41	96
Not yet classified	2	—	2
	111	66	177
Number referred to doctor—68			
Cardiovascular lesions	8	10	18
Non-tuberculous conditions	27	20	47
Not yet classified	2	1	3
	37	31	68

Other Illness

After-Care

In exercising their functions under this heading, the Dorset County Council utilises the services of the Dorset Branch of the British Red Cross Society whose organisation caters for the requirements of persons where their needs are attributable to illness. Arrangements are made to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Cases are referred from many and varied sources and the council has been fortunate in obtaining the services of two experienced health visitors whose principal duties are to co-operate with the hospital and specialist services in order that the requirements of cases due for discharge can be accurately assessed and arrangements made for the provision of medical equipment or nursing aids when needed.

The county council's holiday home scheme caters for persons who, after illness, require a period of rest, change of scenery, good food and fresh air to restore them to normal health but who require no medical treatment or nursing attention. Cases are considered for admission on the recommendation of a hospital physician, general practitioner, or assistant county medical officer. The homes used are run on a private non-profit making basis and the county council exercise their powers to recover from persons availing themselves of this service such charges as are considered reasonable having regard to their means.

During the year under review arrangements were made for the admission of twenty female and five male patients to suitable holiday homes.

Statistics

After-Care Services provided by the Dorset Branch of the British Red Cross Society

	1956	1957	1958	1959	1960
<i>Home Visiting:</i>					
Number of home visits	6,138	4,784	5,124	4,967	4,983
Number of new cases seen	145	134	149	114	135
<i>Articles Supplied:</i>					
Special invalid foods	1,719	1,010	736	550	709
Bedding	118	163	79	61	68
Handicraft Materials	773	828	901	808	780
Clothing	177	204	—*	—*	—*
Medical Aids	No figures	available		252	306

* Figures no longer available as requests now met by W.V.S.

Venereal Disease

The services of health visitors are available to undertake the follow-up of persons referred by consultants in venereal diseases in charge of regional hospital board centres but these facilities are seldom used.

The number of Dorset patients dealt with for the first time during 1960 at treatment centres was 244, classified as follows:—

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>	<i>Totals</i>
Bournemouth	1	10	47	58
Dorchester	2	—	13	15
Poole	5	6	76	87
Salisbury	—	2	4	6
Weymouth	1	7	66	74
Yeovil	—	1	3	4
Totals	9	26	209	244

There has been a slight reduction in the number of cases of syphilis notified but gonorrhoea and other conditions show an increase throughout the county.

Domiciliary Care of Old People

General Arrangements

The work of health visitors among elderly persons continues to increase and the number of the latter on the register now amount to 3,539. The health visitors are encouraged to keep in close consultation with general practitioners concerning any of their patients where this is indicated and as all their work is supervised by the two liaison health visitors this ensures close co-operation with the hospital authorities and all other sections of the department. The greatest importance is placed on encouraging elderly persons to lead an independent life in their own homes and the council co-operate with local housing authorities in the provision of special dwellings for old people. The home nursing and domestic help services have been used as fully as possible and the meals on wheels service continues to increase. In the Poole area there are laundry facilities for the elderly as an adjunct to the domestic help service. When all domiciliary care becomes insufficient admission to residential accommodation is recommended, but the waiting list remains long and cases have to be admitted according to the degree of urgency.

Statistics

<i>Cases on Register on 1.1.1960</i>	<i>Entered Hospital or Nursing Home</i>	<i>Entered Part III or Private Accommodation</i>	<i>Left County</i>	<i>Deaths</i>	<i>Registrations on 31.12.60</i>
2,823	244	151	153	456	3,539

Meals on Wheels

The Women's Voluntary Service has again given invaluable help with the mobile meals service and the council are much indebted to the members of this organisation who give so much time to the work. The service plays an important part in the domiciliary care of old people; the meals are much enjoyed and appreciated by them, as also is their friendly contact with the helpers. During the year the service was introduced into two new areas.

Statistics

The number of persons receiving meals each year since the scheme started was:—

<i>Area</i>	1955	1956	1957	1958	1959	1960
Blandford	—	—	—	—	—	9
Bridport	21	45	39	50	37	31
Corfe Castle	—	—	—	—	7	8
Dorchester	14	16	12	29	18	11
Ferndown	—	7	8	—	—	—
Poole	52	101	151	183	110	84
Portland	—	—	—	—	—	20
Swanage	—	—	—	—	18	15
Weymouth	36	71	86	88	67	54
TOTALS	123	240	296	350	257	232

Provision of Old People's Dwellings by Local Housing Authorities

It is well known that in preference to being admitted to accommodation for old persons most of the elderly prefer to remain for as long as possible in their own homes in the area in which they have friends and social contacts. To assist them in this, the county council have for many years sought to co-operate with local housing authorities in the provision of dwellings provided with welfare facilities specially suited to the needs of old people.

In 1951 the county council first approved contributions being made towards expenses incurred by a district council in the provision of old people's dwellings. The present scheme provides for the following contribution rates:

- (a) £30 for each dwelling in a group of dwellings where a full-time warden service and the requisite structural welfare facilities are provided.
- (b) £32 (in lieu of £30) for each dwelling coming within category (a) above, where, in providing a full-time warden service, the district council employs a deputy to act in the absence of the warden and in an emergency.
- (c) £20 for each one or two-bedroom unit of accommodation in the same locality or each isolated one or two-bedroom dwelling, with a modified warden service and the requisite structural welfare facilities.

District councils have complete freedom in the choice of tenants of the dwellings but the contributions are made only in respect of those dwellings which are occupied by old people who, on a medical assessment, are approved by the county medical officer of health as being, or likely within a reasonable time to be, in need of the welfare facilities which the dwelling affords. The scheme allows for the continuance of a contribution in special circumstances in which a dwelling is occupied by a tenant who cannot be regarded as being in need of the accommodation on medical grounds. There is also a joint assessment of the housing waiting lists of district councils and the county council's records of old people so that a realistic estimate can be made as to the need for special dwellings and of the number of tenants who could be approved for contribution purposes.

The scheme contains details of the structural welfare facilities considered desirable and the minimum facilities acceptable for contribution purposes are specified.

The duties of the wardens are determined by the district councils by whom they are employed but the county council require that wardens shall see the residents periodically and be responsible for taking appropriate action in any situation requiring attention. Where a full-time warden service is provided the warden is required to be available by call-bell or other system and to ensure that someone is nominated to deputise for him in his absence.

Statistics

Up to the end of 1960 the following dwellings provided or proposed to be provided especially for old people had been approved for contribution purposes subject to the specified conditions relating to occupancy and welfare facilities.

<i>Local Authority</i>	<i>Number of Dwellings</i>	<i>Location</i>
Beaminster R.D.C.	7	Beaminster
Blandford B.C.	7 10	Barnes Homes, Blandford Forum Harewood Place, Blandford Forum
Blandford R.D.C.	7 9	Hopsfield Estate, Milborne St. Andrew General Wolfe Close, Shroton
Dorchester B.C.	12 10	Liscombe Close Hawthorne Flats
Dorchester R.D.C.	2 8 4	Near Dorchester Broadmayne Chickerell
Poole B.C.	16 29	Trinidad Estate Waterloo House
Shaftesbury R.D.C.	18 10	Orchard Close, Fontmell Magna Gillingham
Shaftesbury B.C.	11	Barton Hill, Shaftesbury
Sherborne U.D.C.	43 3	Durrant Close, Sherborne Chrysanthemum Row
Sturminster R.D.C.	14 15 16 13 2 2	Bonslea Mead, Sturminster Newton Vale Terrace, Shillingstone Stalbridge Close Marnhull Jesamine Cottages, Marnhull Kingston, Hazelbury Bryan
Weymouth B.C.	35 18	Sussex Road Radipole House Site (approved in principle)
Wimborne U.D.C.	16	Leigh Park
Wimborne and Cranborne R.D.C.	5	Tricketts Cross, West Parley
	342	

Admission of Chronic Sick Cases to Hospital

During the year co-operation with the hospitals has been maintained. In the area of the Bournemouth and East Dorset Group Hospital Management Committee the existing arrangements have been continued and patients placed on the waiting list for chronic sick beds have been visited by health visitors. A report is sent to the hospital on home conditions together with an opinion as to the need for priority of admission on social grounds.

Under the arrangements previously reported, all cases in the West Dorset Group Hospital Management Committee's area placed on the waiting list for a chronic sick bed have been visited by one of the senior medical officers. In a number of cases it has been found possible to admit persons to residential accommodation instead of to a hospital bed in agreement with the general practitioner concerned. Where it is obvious that a patient may have to wait some time before admission to hospital every attempt is made to provide any necessary domiciliary service that may be available. Close consultation is maintained with the group almoner over the transfer of cases from acute to chronic sick hospital beds. Co-operation with the Salisbury Group Hospital Management Committee has continued and this group accepts cases from certain parts of the north of the county. In this area health visitors report on the social conditions of patients on the chronic sick hospital waiting list.

All these hospital management committees are asked to notify the county medical officer of health at as early a date as possible of any elderly patient likely to be discharged from hospital. Arrangements can then be made for a health visitor to visit the home and arrange for any necessary domiciliary service which may be required. In some cases it has been possible to prevent the return of a patient to a most unsuitable home; such a case usually means that residential accommodation must be offered as soon as possible.

Statistics

Hospital Management Committees—Chronic Sick Admissions West Dorset Group

<i>Requests for admission</i>	<i>Admissions to chronic sick hospitals</i>	<i>Assessed for Part III</i>	<i>Withdrawals—deaths, transfers to other areas</i>	<i>Waiting list at 31.12.60</i>
447	269	42	106	30

<i>Hospital Management Committee</i>	<i>Requests for investigation of home conditions</i>	<i>Requests cancelled through decease, etc.</i>	<i>Recommended for priority admission</i>	<i>Not Recommended for priority admission</i>
Bournemouth and East Dorset Group ..	59	10	29	20
Salisbury Group	3	1	2	—

Prevention of Illness

Chiropody

During the year there has been a continued heavy increase in the demand for the chiropody service, which was started in 1951 following the decision of the Minister of Health to relax the restrictions which had hitherto existed.

The service is provided on the county council's behalf by the Dorset Branch of the British Red Cross Society with the help of a substantial financial grant. Local chiropodists are engaged by the Society and sessions are held at the county council's clinics and other conveniently situated premises throughout the county. Patients are seen by appointment and a nominal charge of 2/6d. is made towards the cost of the chiropodists' fees, dressings and drugs. Free transport is arranged when necessary. Priority is given to elderly and physically handicapped persons and expectant mothers.

By the end of the year sessions were being held almost daily at Poole, weekly at Dorchester, Blandford Forum, Wareham, Bridport, Sturminster Newton, Shaftesbury, Swanage and Stalbridge, fortnightly at Maiden Newton, Hamworthy and Sherborne and monthly at Beaminster. Altogether 2,004 patients were receiving regular treatment and there were approximately fifty on the waiting list.

The long established Weymouth foot clinic which the county council took over in 1948 continues to serve the South Dorset area.

Prevention of Break-up of Families

This important work has continued on the lines previously described and the combined efforts of the various officers and other concerned has undoubtedly been largely instrumental in preventing the disintegration of a number of families. The health visitors in particular and the district social services officers play a prominent part in this work and the success of their efforts is more often to be found in a steady improvement of a situation over a long period, or the prevention of its further deterioration, than in a readily apparent solution of the problem. During the year a liaison health visitor was appointed to co-ordinate the work of health visitors and other officers concerned with problem families in the county, with the exception of Poole, and to undertake intensive rehabilitative work in appropriate cases. A liaison health visitor carrying out similar duties in Poole was appointed some years ago.

Arrangements have been made for the early notification by district councils of tenants in arrears with their rent, the supervision of such families by the county council's welfare officers, the payment to district councils of any loss which they might suffer through continuing to house unsatisfactory tenants for a specified period and the payment of a contribution towards extraordinary dilapidation caused by such tenants.

District Councils, excluding the Poole Borough Council, have been asked to participate in a scheme whereby twelve district councils will provide intermediate accommodation. It is intended that a family becoming homeless in any district shall be placed in the nearest vacant unit of accommodation on the understanding that they will be rehoused within six months by the district council in whose area they became homeless. The county council undertakes to meet, by way of contribution under Section 56 of the Local Government Act, 1958, the financial deficiency incurred by the district councils in providing the intermediate accommodation and carries out any necessary rehabilitative work with the families concerned. The scheme provides for joint meetings between representatives of the county council and district councils.

The joint scheme already in operation with the Poole Borough Council continues. This provides for the temporary accommodation and rehabilitation of problem families by the county council and for their rehousing by the borough council. Other homeless families are placed in intermediate accommodation provided by the borough council, the county council meeting the financial deficiency.

Statistics

Classification	On Register 1.1.60	Registered during 1960	Removed during 1960	On Register 31.12.60	Case Conferences
Problem families	109	20	14	115	4
Potential problem families	80	10	26	64	3
Totals	189	30	40	179	7

Health Education

Owing to changes in the medical and lay staff during the year the increase in the work of health education has not been maintained but every opportunity has been taken to use the various types of propaganda including displays, leaflets, posters, filmstrips and other visual aids. It is difficult to assess all that has been done in the field of health education as the greater part of the work is carried out by medical officers and health visitors during the course of routine work at the clinics and home visits.

Much emphasis is placed on the value of talks on parentcraft given by midwives and health visitors following relaxation classes for expectant mothers. Parentcraft and other talks on health education are given by health visitors in schools and have proved most valuable. These lectures and talks are supplemented by flannelgraphs, films and other visual aids.

Home Safety

The electrically operated quiz has continued to attract attention wherever it has been used and exhibition units on burns and scalds have been used.

Talks have been given on falls, burns and scalds, accidents in the home, in the street and in water and on the advisability of members of the public having at least a working knowledge of elementary first aid.

Smoking and Cancer of the Lung

Special emphasis has been placed on this subject throughout the year and displays have been exhibited at various centres. A large number of posters and leaflets have been distributed and talks given by medical officers and health visitors. Every opportunity has been taken to ensure that the impact on the public of the intensive campaign of 1959 is retained if not enhanced.

Care of the Teeth

The principal school dental officer and his staff have continued to give talks on the care of the teeth supported by films and leaflets. Many films have been shown and talks given in schools to consolidate instruction by health visitors.

Displays

A number of exhibition displays from the General Dental Council proved of great interest and posters, leaflets and other displays have been used in all the county clinic buildings.

Training

A member of the health department staff attended a course of training in the operation and maintenance of film and filmstrip projectors at the Rank Precision Industries factory at Mitcheldean in Gloucestershire.

Prophylactic Procedures

Medical officers, health visitors and nurses continued to exert their influence at child welfare clinics and in the homes to persuade mothers to take advantage of the various prophylactics available for themselves and their children.

Poliomyelitis vaccination campaigns proved most valuable and, as in the previous year, publicity consisted of posters displayed in shops, factories, workshops, offices, post offices and multiple stores and wherever young people congregated.

A prominent part was played by the well tried medium of films and filmstrips and the posters and leaflets which were issued played their part in illustrating to children the benefits of ample protection which these prophylactics gave them.

Special displays on immunisation have been made available at clinics to assist the health visitors in drawing the attention of mothers to the protection available for their children.

Films and Filmstrips

The talks and filmshows given to special groups during the evening continue to be well patronised and much appreciated by the audiences. Fewer lectures have been given than in the previous year for the reasons mentioned above. A number of new filmstrips have been added to the library.

Atomic Energy Research Establishment

As mentioned in my previous annual report, a liaison committee has been set up to deal with health, safety and public relations aspects of this establishment. The first meeting was held on 23rd September 1959 and representatives attending included those from the Atomic Energy Authority, Home Office, Ministry of Housing and Local Government, Dorset County Council, Wessex Regional Hospital Board, Local Authorities, Chief Constable, Ministry of Agriculture, Fisheries and Food, Avon and Dorset River Board, Southern Sea Fisheries, Dorset Farmers' Union, and military and naval establishments in the area.

Statistics

Subject	Talks and/or Filmshows		Total Attendance
	Number	Per cent	
Child Care	37	27.8	755
Home Safety	26	19.5	856
First Aid	15	11.3	588
Childbirth	12	9.0	284
Teeth, Care of	12	9.0	367
Vaccination and Immunisation	6	4.5	314
Mental Health	6	4.5	348
Personal Hygiene	6	4.5	183
Food Hygiene	4	3.0	173
Health Visiting	4	3.0	64
Atomic Energy	2	1.5	51
Home Nursing	2	1.5	30
Care of the Elderly	1	.9	12
Totals	133	100.0	4,025

The following material was issued during the year:—

Leaflets	12,480
Posters	560
Bookmarks	300
Booklets	974

Occupational Health

During the year 412 medical examinations of applicants for county council appointments were carried out: 259 males and 153 females. The distribution according to departments of these examinations and the numbers who were rejected on medical grounds are shown in the tables. Fifteen persons, fourteen males and one female, were considered unfit for employment and a summary of the clinical conditions diagnosed in these candidates is recorded.

Statistics

Department	Number of Examinations			Number Unfit		
	Males	Females	Total	Males	Females	Total
Architect's	2	—	2	—	—	—
Children's	2	7	9	1	—	1
Civil Defence	1	—	1	—	—	—
Clerk's	8	8	16	—	—	—
Education	92	82	174	1	1	2
Fire Brigade	42	—	42	2	—	2
Health	10	41	51	—	—	—
Library	1	3	4	—	—	—
Planning	4	1	5	—	—	—
Police (Civilian Staff)	1	3	4	—	—	—
Police (Recruits)	48	1	49	4	—	4
Roads and Bridges	45	—	45	6	—	6
Taxation	1	1	2	—	—	—
Treasurer's	1	6	7	—	—	—
Weights and Measures	1	—	1	—	—	—
Totals	259	153	412	14	1	15

Clinical conditions of candidates found unfit

				Males	Females	Total
Colour blindness	..	..	..	3	—	3
Deafness	..	..	..	1	—	1
Epilepsy	..	..	..	3	—	3
High blood pressure	..	..	..	1	1	2
Other conditions	..	..	..	6	—	6
Totals	..	..	..	14	1	15

Five men were examined for premature retirement on medical grounds. All were recommended for retirement.

The arrangement instituted in 1958 for the medical examination of all recruits to the police force by the central medical staff was continued. The scheme is working well but will be more satisfactory when the new Dorchester clinic is completed.

Facilities available for Central Office Staff

A staff rest room is available in the health department at county hall for the treatment of medical emergencies. It is frequently used for periods of rest in cases of minor illness, for examination by medical officers and nurses as required and first aid treatment.

DOMESTIC HELP SERVICE (SECTION 29) (Table 22)

The increase in the demand for the service continued, 1,534 cases having been assisted compared with 1,272 in 1959. This increase is largely due to the need of the aged and the difficulty in obtaining private domestic assistance in some areas.

A basic routine has been laid down for visiting cases, selection of helps, and accounting; but the division of these duties between the local organisers and the appropriate staff of the county health department shows considerable variation. In the two main areas of population, Poole and South Dorset, the service is decentralised completely under the day-to-day supervision of the respective area sub-committees. In three other districts, where the service is based on the offices of the local medical officer of health, the only functions performed by central staff are the final selection of helps, the assessment of householders' ability to pay, and the collection of accounts.

The National Assistance Board and hospital almoners have continued to give most helpful co-operation and their assistance is very much appreciated.

Staff

Owing to a further reduction in voluntary organisers and to development of the service it was found necessary to appoint three part-time assistants, one working mainly in the Wimborne and Ferndown areas where the greatest demand for the service exists, a second to assist in the north Dorset area and a third in Poole.

The number of women employed was 247 of whom 104 were guaranteed workers and 143 spare-time helps, the latter chiefly working in rural areas. Suitable women are being encouraged to provide motor scooters for work and there were seven mobile home helps employed during the year.

Cases

The greatest number of people receiving assistance are in the old age and long term illness groups. There was an increase in the application for home helps for maternity cases, the number being 195 compared with 143 in 1959.

Statistics

<i>Number of Cases for whom Helps were provided, 1956-1960</i>						<i>Domestic Help Service Staff, 1956-60</i>					
<i>Types of Cases</i>	1956	1957	1958	1959	1960	<i>Helps</i>	1956	1957	1958	1959	1960
Maternity ..	126	144	164	143	195	Full-time ..	4	4	2	2	1
Old Age ..	468	573	675	832	940	Part-time ..	59	60	84	93	103
Tuberculosis, etc. ..	12	21	21	18	10	Spare-time ..	98	145	139	145	143
Long-term Illness ..	129	127	134	167	227	Totals ..	161	209	225	240	247
Short-term Illness ..	101	141	103	112	162	Equivalent full-time helps ..	63.5	76.2	84.3	97.5	100.9
Totals ..	836	1,006	1,097	1,272	1,534						

MENTAL HEALTH (Section 51)

General Comments

The recommendations of the Royal Commission having set the future pattern of the mental health services, the introduction of the Mental Health Act 1959 during the course of the year gave an added impetus to their development.

The following report indicates progress made along the lines of the Ministry of Health Circular 9/59 and in accordance with Section 28 of the National Health Service Act 1946 as amplified by Section 6 of the new Act.

Training Centres

A new training centre is to be built at Weymouth in the near future. Juniors and adults will have separate accommodation and the only part of the building to be in regular joint use will be the kitchen. In the grounds of the centre a house, which is at present used as a children's home, will be taken over as a hostel for children attending the centre. It will also be available as a short-stay unit for patients whose parents require a period of relief.

In the meantime, the increase in numbers attending the Weymouth centre was met by opening additional rooms on the first floor of the building and the appointment of another assistant supervisor.

The demand for places at the Poole training centre far exceeded the accommodation available, and there was a waiting list of some twenty cases at the end of the year despite the appointment of two additional assistant supervisors. A new junior centre is scheduled and when operating this will relieve pressure on the existing building which will then be used solely by adults.

Regular medical inspections took place at both centres and dental treatment was also given through the school dental service whenever necessary. Meals and milk were provided on lines similar to those in schools.

Parent teacher associations were formed in connection with both the Poole and Weymouth centres and were a useful means of stimulating interest in the activities and progress of the centres. The associations gave generous help by way of gifts of equipment.

In recognition of World Mental Health Year both centres held very successful open days during Mental Health Week and considerable publicity was given to the work in the local press.

The lack of facilities for training mentally handicapped children and adults in West Dorset led to a decision to establish a training centre at Bridport. Rented premises had been acquired and plans for adaptations were well in hand at the end of the year. Enquiries were also being pursued regarding the need for a centre in north Dorset and five children from that area continued to attend the Yeovil training centre by arrangement with the Somerset County Council.

The following figures give the number of pupils receiving training at the end of the year:

<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
45	26	22	34	127

Home Teaching

A useful service was provided by the two home teachers who visited seventy-eight patients in their homes for the purpose of giving training in handicrafts. This included one group of twenty-two at a private home for subnormal patients at Lytchett Matravers. Sales of goods produced were held at various events in the county and a proportion of the proceeds was returned to the patients.

Residential Accommodation

It is intended to provide residential accommodation for elderly mentally infirm persons and for subnormal patients as soon as possible. These homes will relieve pressure on Part III accommodation and on hospital beds. Until they become available every opportunity will be taken to make use of voluntary homes.

Home Visiting Services

Changes in the field staff took place following the retirement of two officers. During the year the supervision of the mentally subnormal as a separate service was discontinued and these duties were merged with those relating to the mentally ill. Each of the seven mental welfare officers became responsible for dealing with community care and statutory procedures affecting persons suffering from all types of mental disorder as defined under the Mental Health Act 1959; and they also continued to undertake the general welfare duties. Arrangements were made for the subdivision of the county into four areas for mental health and welfare purposes, each staffed by a senior district welfare officer and a district welfare officer to assist him.

Refresher Courses

In order to give the officers every opportunity to keep abreast with trends in the care of the mentally disordered several of the staff attended refresher courses and conferences. Unfortunately attempts to arrange training courses came to nothing in view of the delay in implementing the recommendations of the Younghusband Report. It was decided, however, that two vacancies on the establishment should be reserved for trainee mental welfare officers who would be prepared to take the proposed two year residential courses.

Several meetings of the officers were held to discuss the introduction of the Mental Health Act, with special reference to the compulsory admission procedures, and future developments in the service.

Social Centres

It is hoped to establish an experimental part-time social centre as an after-care service for the mentally ill during the coming year. The intention is for it to be based on Weymouth training centre and for it to be opened on several evenings each week. A similar arrangement is in mind for subnormal patients if the demand is proved.

Co-ordination with the Regional Hospital Board

At a meeting with representatives of the Wessex Regional Hospital Board early in the year the county council's mental health programme was considered and ways and means of giving mutual assistance discussed.

Meetings were also held with the medical staff of Herrison Hospital. Views were exchanged regarding proposals for community care and after care, following which an informal scheme for the reference of persons requiring the services of the mental welfare officers was introduced. The officers were also invited to attend a weekly case discussion at the hospital.

Members of the county council and senior members of the council's staff accepted an invitation to visit Herrison Hospital in connection with World Mental Health Year.

Admissions to Psychiatric Hospitals

The mental welfare officers arranged the admission of 804 persons suffering from mental illness, the majority going to Herrison Hospital. Of these 640 were dealt with under the Lunacy and Mental Treatment Acts from 1st January to 31st October as follows:

Voluntary		Informal		Temporary		Certified		Three Day Order		Urgency Order		Total	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
5	10	156	293	3	9	8	7	60	85	1	3	233	407

The remaining 164 admissions took place under the following categories after the introduction of the Mental Health Act 1959 on 1st November:

Informal		Observation		Treatment		Emergency		Total	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
48	82	1	4	7	15	5	2	61	103

Although it is too soon after its introduction to forecast trends with certainty the above figures support the view that the Mental Health Act will lead to an increasing proportion of informal admissions as opposed to the use of compulsory procedures.

Thirty-three subnormal and severely subnormal patients were admitted to the undermentioned hospitals for treatment on a long term basis, but at the end of the year twenty-eight patients (including eighteen of an urgent nature) were still awaiting admission:

Name of Hospital	Petition	Court Order	Informal	Total
Coldeast Hospital	—	—	15	15
Field Place Approved Home	—	—	4	4
Hortham Hospital	1	—	1	2
Rampton Hospital	1	—	—	1
Royal Western Counties	—	1	—	1
St. Mary's Home, Alton	—	—	2	2
Tatchbury Mount Hospital	—	1	6	7
Totterdown Hall	—	—	1	1
Totals	2	2	29	33

Short term care was arranged for eighteen patients as follows:

Name of Hospital, or Home	Circular 5/52	Section 28	Total
Hawthorne Lodge, Dorchester	—	13	13
Field Place Approved Home	1	—	1
Coldeast Hospital	1	—	1
Royal Western Counties Hospital	2	—	2
Tatchbury Mount Hospital	1	—	1
Totals	5	13	18

Community Care

At the end of the year forty-six persons (fifteen males and thirty-one females) recovering from mental illness were receiving after care visits from the mental welfare officers.

Eighty-one new cases were referred and found to be subnormal or severely subnormal. They were dealt with as follows:

<i>Action taken</i>	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Admitted to hospital ..	4	6	4	2	16
Placed under supervision ..	34	21	3	7	65
Totals ..	38	27	7	9	81

At the end of the year 967 patients on the register were dealt with as follows:

<i>Disposal</i>	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Under supervision ..	79	50	146	178	453
Under guardianship ..	—	—	8	13	21
In hospitals ..	34	28	236	195	493
Totals ..	113	78	390	386	967

SOCIAL SERVICES (National Assistance Act 1948)

Administrative Arrangements

The functions of the county council under the National Assistance Act 1948 have been delegated to the Social Services Sub-Committee of the Health and Social Services Committee, and the administration is under the direction of the county medical officer of Health. Six meetings of this sub-committee were held during the year. Meetings of house committees for the old persons homes have continued to be held at not less than quarterly intervals.

In each district the health visitor is responsible for interviewing every applicant for residential accommodation, the work being co-ordinated by two liaison health visitors.

There are four district welfare officers, who were also duly authorised officers for the purposes of the Lunacy and Mental Treatment Acts until the Mental Health Act 1959 came into operation; they investigate the financial resources of these applicants prior to admission, make detailed arrangements for admission and, in the case of the smaller homes, collect charges for maintenance. At the larger homes the maintenance charges are collected by the officer in charge.

Provision of Accommodation (Sections 21-28) (Tables 23-25)

RESIDENTIAL ACCOMMODATION

Accommodation Available

At the 31st December 1960 the number of places provided by the county council amounted to 576, including accommodation for forty-three persons in premises under the control of the Bournemouth and East Dorset Hospital Management Committee. Of this total 184 beds were situated on the ground floor. The county council were also responsible for the cost of maintenance of thirty-eight persons in residential homes provided in the county by three voluntary societies and twenty-five persons in voluntary homes outside the county.

Structural Adaptations and Additions

The construction in Poole of a new home for fifty old persons was commenced and it is anticipated that this will be ready for occupation in 1962.

The extension of the Belmont Court Home for the Blind at Parkstone to provide for the accommodation of a total of thirty-seven residents was completed and opened in April.

Progress was made with the construction of a ground floor unit at Stour View House, Sturminster Newton, for twenty-two residents. This will help to alleviate the continuing need for ground floor accommodation, but it has become increasingly apparent that the majority of persons entering the homes are unable to negotiate stairs without considerable difficulty and the council have therefore made provision in their five-year capital programme for the installation of lifts in eight of their homes.

A property was purchased at Preston, Weymouth, comprising a house and approximately four acres of land. The house will be brought into use for the accommodation of seventeen residents initially and extended as soon as practicable to provide accommodation for fifty elderly people.

Joint User Arrangements

Joint user arrangements between the county council and the regional hospital board have continued at Christmas Close, Wareham and at St. Mary's block, Poole General Hospital.

Staffing of Homes

The need for additional attendant staff in the smaller homes was recognised and the staff establishments were altered to allow for the employment of a full-time female attendant at each of these homes.

The council also authorised the appointment of a relief assistant matron to be based at one of the homes and to act as resident relief at any of the homes as required.

Amenities

Members of the British Red Cross Society have continued to pay regular visits to five homes in order to instruct and assist residents with handicrafts. The amount of interest it is possible to maintain varies from home to home, but the society has given considerable encouragement to the old people and many useful articles are made. Knitting, embroidery, and rug making are some of the more popular crafts. The council are indebted to the members of the society for the work they have undertaken in this connection.

Valuable assistance has been provided at four homes by members and cadets of the St. John Ambulance Brigade, who have given over 500 hours of service during the year. A wide variety of work is undertaken including assistance with bathing, serving of meals, sorting of linen, escorting residents outside the home, shopping and 'odd jobs'. The council are indebted to the members of this organisation for their interest and efforts on behalf of the old people.

Clothing is supplied where necessary and, as far as possible within certain price restrictions, residents are allowed to choose their outer clothing. During the year the council removed the restriction on the free provision of clothing to residents having capital resources of more than £100.

A summer outing for the residents is arranged by the officer-in-charge of each home and during the winter months film shows are presented at the three larger homes.

Eight homes are equipped with television receivers. These are provided either by the county council, by way of a gift, or by subscriptions from residents' clubs.

Special arrangements have been made with the county librarian for books to be readily available to the residents at the homes.

Statistics

Numbers accommodated in County Council Homes 31st December 1960

Premises	Places Occupied		
	Men	Women	Totals
<i>In Homes under County Council Management:</i>			
Stoke Water House, Beaminster	68	48	116
Stour View House, Sturminster Newton	35	70	105
Christmas Close, Wareham	31	27	58
Maiden Castle House, Dorchester	13	28	41
'The Lawns', Weymouth	16	24	40
Belmont Court, Parkstone	5	27	32
Castleman House, Blandford	22	28	50
James Day Memorial Home, Swanage	10	24	34
'St. Martin's', Gillingham	17	32	49
<i>In Hospital under the control of Hospital Management Committee:</i>			
Poole General Hospital (St. Mary's Block)	20	22	42
Totals	237	330	567

Waiting List

The number of persons on the waiting list at the end of the year was 170. A review of these cases has been undertaken in order to determine the number (a) of persons who require care in communal homes and the degree of urgency; (b) of those who could be satisfactorily housed in grouped old persons' dwellings with warden facilities; (c) of those who could, with the help of the council's domiciliary services, remain in their own homes for some time to come.

TEMPORARY ACCOMMODATION

In a number of instances the council's welfare officers helped to find accommodation for families faced with eviction. Close co-operation is maintained between the welfare officers and the district authorities' housing departments and where children are involved the cases are referred to the children's officer.

The three units of temporary accommodation provided at Hamworthy under the joint scheme with the Poole Borough Council have accommodated five families with a total of twenty-four children during the year. These families were under the supervision of the health visitor appointed to undertake specialised duties in the care and rehabilitation of problem families in Poole.

Considerable use was made of the temporary accommodation provided by the Poole Borough Council in accordance with the joint scheme.

As stated elsewhere in this report, a scheme has been approved for co-operation with district councils in relation to the provision of intermediate accommodation for homeless families.

WELFARE SERVICES (Sections 29 and 30)

BLIND AND PARTIALLY SIGHTED (Tables 26 and 27)

Administrative Arrangements

The work for the welfare of these groups of handicapped persons is co-ordinated in the health department. Close liaison is maintained with the Western Regional Association for the Blind and other voluntary organisations to assist the registered blind and partially sighted.

Registration

On the 31st December 1960, there were 820 persons on the blind register and 111 registered as partially sighted, an increase of twelve and fourteen respectively during the year.

Of the 134 newly registered blind cases, 105 were sixty-five years of age and over. There were two cases registered under the age of fifteen, a baby two months and a boy aged five years who is in a hospital for mentally subnormal patients. Of the twenty-seven cases between the ages of sixteen and sixty-four years, seven are employed in open industry, one attended a rehabilitation centre, one attends the mental health training centre, ten are not available for work owing to domestic responsibilities, five are unable to work owing to additional physical disabilities and one has transferred to another area.

Home Teaching and Visiting

The work is carried out by six qualified home teachers for the blind, an essential part of which is helping persons with seriously defective vision to adjust themselves to lead as normal a life as possible. They arrange handicraft and other classes, socials, outings, sales and shows in co-operation with the Dorset County Association for the Blind. In addition, lessons are given in reading and writing embossed type and handicraft instruction is given to pupils in their homes.

Workshop Employment

This authority has no sheltered workshop but arrangements are made with the following organisations who employ five workers on behalf of the county, payments being on the national scale subject to the standard of work and earnings reaching the minimum laid down:

Bristol Royal School and Workshop for the Blind—	1 Basket maker.
	2 Flat machine knitters.
Royal School for the Blind, Leatherhead—	1 Brush maker.
Yorkshire School for the Blind—	1 Brush maker.

Home Employment

Six men and seven women are supervised by the Bristol Royal School and Workshop for the Blind on behalf of this authority. Two braille copyists are supervised by the National Library for the Blind as pastime workers.

Marketing

Difficulty is experienced in marketing saleable articles owing to cheap importations but much is done through the home worker Scheme and sales organised throughout the county in co-operation with the Dorset County Association for the Blind. Some county council departments assist by placing orders through the blind. Home teachers co-operate by obtaining private orders.

Employment in Open Industry

Forty-seven men and six women were employed in open industry at the end of the year. The resettlement of older men and women with a purely rural background remains a problem. The Royal National Institute for the Blind placement officer assists in finding suitable employment in co-operation with the Ministry of Labour. The welfare officer of the blind serves on the disablement advisory committee at Poole and Weymouth.

Persons in Hospital, Homes, etc.

At the end of the year 105 blind persons over the age of sixteen were living away from home, thirty-six in the care of regional hospital boards, thirty-seven in homes for the blind, twenty-one in homes provided under Part III of the National Assistance Act 1948 and the remaining eleven in privately run homes.

Registers of Blind and Partially Sighted

Further information has been provided for a national research survey on problems of blindness and partial sight in co-operation with the Western Regional Association for the Blind.

DEAF OR DUMB

Administrative Arrangements

The Dorset County Council administer their functions for the provision of the welfare services for the deaf and/or dumb and hard of hearing through an agency arrangement with the Salisbury Diocesan Association for the Deaf and Hard of Hearing, formerly the Wilts and Dorset Association for the Deaf, to which they give an annual grant. The Council is represented on the committee of the Association.

Cases applying for assistance are visited and details are entered on duplicate registration cards, one copy being kept by the Association and the other by the county health department.

Ascertainment

Deafness in a child in the formative years can constitute a handicap which will have an effect throughout the whole of life. The lack of hearing delays speech development and makes both social training and education difficult. Whilst total deafness is easily recognised the recognition of partial deafness is more difficult and lack of development has often been wrongly attributed to dullness. A scheme has therefore been evolved in the county whereby all children are tested for deafness at the earliest practicable date with the object of the detection of deafness at the earliest possible stage.

The health visitors in the county have been specially trained in the early detection of deafness in infants. Children are tested in their first year and any which appear unresponsive are referred to the audiometrician for a more complete investigation. All children born 'at risk' are also tested as early as possible to eliminate the possibility of deafness.

An audiometrician, who is a fully qualified teacher of the deaf, visits all primary schools in the county once a year and tests all six year old pupils.

Any cases of suspected deafness in children which present particular problems are referred to a panel of specialists who meet periodically at Poole and Weymouth. All spheres of child health and education are represented on the panel which includes an ear, nose and throat specialist, a paediatrician, an educational psychologist, a children's psychiatrist, teachers of the deaf and other officers having an interest in the case. The panel interviews the child and the parents and advises on the treatment and the routine management of the case.

Over a period of three months sweep testing of 1,057 school children was carried out and 207 (19.5 per cent) failed the test. The number of full tests given was 192 and the number of children referred to the ear, nose and throat specialist was 69.

Partially deaf children whose hearing is good enough for them to continue to attend the ordinary school receive help from a peripatetic teacher of the deaf. The teacher gives them regular instruction, at home or at school, in the use of hearing aids and, if necessary, in lipreading. Thirty-seven children received this help during 1960.

Deaf and partially deaf children who live within daily travelling distance of Poole can be admitted to a school for deaf children recently established there. At present the school accepts infants and junior schoolchildren. It is hoped in the near future to establish classes for children of other age groups.

Deaf and partially deaf children who require residential schooling are graded under the Handicapped Pupils Regulations and, subject to parents consent, placed at a suitable school. The education authority pays the whole of the fees involved in such a placement.

Social Welfare

A comprehensive welfare service for the deaf and hard of hearing is provided by the Association, which includes interpretation whenever necessary in the manual language, advice on personal and domestic problems and in legal, health and family matters. Sick visiting is carried out at home and in hospital, as well as routine visiting. Advice and assistance is given with regard to the question of employment in consultation with the disablement resettlement officers of the Ministry of Labour.

Social Centres

Social centres are provided for the deaf at Poole, Sherborne and Weymouth, with hard of hearing clubs at Bridport, Dorchester, Poole and Weymouth. By an arrangement between the county council and the Association the Poole activities are held at the Poole Training Centre.

Lip Reading Classes

A qualified teacher of the deaf who is on the staff of the Association gives lipreading instruction at Poole and elsewhere as found necessary, either with groups or individually.

C-oordination

The Association works in conjunction with the Ministry of Labour and their officers attend interviews in connection with the placement of the deaf and hard of hearing in suitable employment. The county council and the Association have representation on the Executive Committee of the West Regional Association for the Deaf which covers the counties of Cornwall, Devon, Dorset, Gloucester, Somerset and Wiltshire.

Statistics

The following table shows the number of persons, both deaf and hard of hearing, registered with the authority on 31st December, 1960:—

Class	Children under age 16		Persons aged 16—64		Persons aged 65 and over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Deaf	14	11	68	53	7	8	89	72
Hard of Hearing ..	8	5	43	81	10	28	61	114
Total	22	16	111	134	17	36	150	186

PHYSICALLY HANDICAPPED (GENERAL CLASSES)

Administrative Arrangements

The scheme outlined by the Minister of Health in circular 32/51 for the provision of welfare services under Sections 29 and 30 of the National Assistance Act 1948 for handicapped persons other than the blind, partially sighted and deaf and dumb, has been adopted by the county council and approved by the Minister of Health.

The Dorset Branch of the British Red Cross Society act as agents of the county council for the provision of certain services for which they receive a grant.

A full-time liaison health visitor assists in the operation of the scheme and is responsible for specialised visiting; she also co-ordinates the work of the health visitors in this sphere.

The number of handicapped persons referred by general practitioners, hospital staffs, central and local government departments, voluntary organisations and others is steadily increasing. Each case is visited by a health visitor and a report is submitted to the county health department where registration of suitable cases is maintained and arrangements made for the provision of any necessary services; a duplicate card is retained by the health visitor who carries out routine follow-up visits. Consultants, other hospital medical staff and general practitioners co-operate fully in maintaining as comprehensive a service as possible.

Services Provided

Regular visits are paid to all registered handicapped persons and, when necessary, advice and assistance is given to help them overcome their disabilities and live as normal a life as possible. Specialised equipment is supplied on loan and adaptation to patients' homes are carried out. The severely disabled are assisted with their holidays and this is of great benefit both to the patients and to relations and friends who care for them throughout the year. Admission to residential homes is arranged and assistance given towards the cost of transport to special training and holiday centres.

Services provided by the British Red Cross Society as an extension of the after care facilities which are available to handicapped persons include handicraft instruction, assistance in the purchase of materials and the sale of articles produced and the supply of aids and gadgets.

The Dorset Association for the Welfare of the Physically Handicapped receives a grant from the county council to assist them in their activities for the promotion of the general welfare of the handicapped.

Co-operation is maintained between the county health department and the Ministry of Labour. The disablement resettlement officers are consulted and assist handicapped persons in connection with training and employment under the Disabled Persons (Employment) Act, 1944.

Statistics

The following table shows the number of physically handicapped persons (general classes) registered with the Authority on 31st December 1960.

Number on register 31.12.59	516
New cases	178
	<hr/> 694
Deaths	26
Removals from register	15
	<hr/> 653

<i>Registered Handicapped Persons—Age Groups and Sex</i>				
	<i>Children under age 16</i>	<i>Persons aged 16—64</i>	<i>Persons aged 65 and over</i>	<i>Totals</i>
Male ..	64	173	52	289
Female ..	58	235	71	364
Total ..	122	408	123	653

EPILEPTICS

Five boys and two girls are classified as epileptics and of these four are attending special residential schools; the others are attending day special schools or special classes. One fresh case was assessed during the year.

It is unfortunate that there are no local facilities for carrying out E.E.G. examinations and children have to be taken as far afield as Portsmouth for this to be done. Apart from this difficulty the general arrangements for epileptic schoolchildren are quite satisfactory and working smoothly in the county.

There were twenty-two adults suffering from epilepsy in Part III or joint-user accommodation and in addition four were accommodated in special epileptic colonies.

SPASTICS

Since 1957 the Victoria Home, formerly in Bournemouth, has been re-established in a new building in Poole and is taking children from both the borough and the county area. This is a great improvement on the previous arrangement as these children can attend a special school within their own county and arrangements have been made for the speech therapist to be available at the home for one session each week. The parents of spastics greatly appreciate having their children within easy travelling distance so that they can visit them at week ends and other permissible times.

A day centre has now been established by the Bournemouth and district group of the National Spastic Society and Dorset children are accepted on a payment per case basis.

The county council's arrangements for training adult spastics are still available but again, in 1960, no suitable cases required this type of training.

Registration of Disabled Persons' and Old Persons' Homes (Section 37)

Before any application for a certificate of registration is granted, the premises are inspected to determine their suitability and details of the staffing arrangements and furnishing are required.

Statistics

The following table shows the number of homes and the number of beds provided:—

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided</i>
Homes first registered during the year ..	9	59
Homes on the register at the end of the year ..	27	318
Registrations cancelled (voluntary closures) ..	6	59
Registrations refused	—	—

Removal to suitable premises of persons in need of care and attention (Section 47)

It was not necessary for action to be taken under the provisions of section 47 of the Act during the year.

Temporary Protection of Property of Persons admitted to Hospitals, etc. (Section 48)

The storage of property continues to be arranged when necessary and in any case in which there is little likelihood of the patient leaving hospital or a home the views of the Court of Protection are obtained. The Committee then decides whether to dispose of the furniture and effects of the person concerned and apply the proceeds to his or her benefit.

PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examinations of 'medical' specimens from general practitioners, local authorities and infectious diseases investigation and all 'sanitary' specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

Two laboratories, staffed and administered by the Medical Research Council each with a full-time bacteriologist in charge, cover the work in Dorset. One laboratory is located at Dorchester and the other at Boscombe.

Statistics

<i>Laboratory</i>	<i>Specimens received and examined during 1960</i>							<i>Totals</i>
	<i>Nose and throat swabs</i>	<i>Sputum</i>	<i>Faeces and urine</i>	<i>Water</i>	<i>Milk</i>	<i>Ice cream</i>	<i>Miscellaneous</i>	
Dorchester ..	622	117	841	4,587	7,131	549	3,010	16,857
Boscombe ..	684	44	651	765	882	363	1,585	4,974
Totals ..	1,306	161	1,492	5,352	8,013	912	4,595	21,831

REGISTRATION OF NURSING HOMES

Periodic inspections of the registered homes in the county are carried out and, before any application for a certificate of registration is granted, full enquiry is made as to the suitability and qualifications of the person in charge and layout of premises.

Statistics

The following table shows the number of nursing homes, and the number of beds provided:—

<i>Registration</i>	<i>Number of Homes</i>	<i>Number of beds provided for</i>		
		<i>Maternity</i>	<i>Others</i>	<i>Totals</i>
Homes first registered during the year ..	3	—	52	52
Homes on the register at the end of the year ..	17	18	185	203

Action taken during 1960

Number of exemptions granted under Section 192 (1) including renewals	..	..	—
Number of inspections	..	..	31

CHILDREN ACT, 1948

In accordance with the Memorandum by the Home Office on the conduct of children's homes certain duties are carried out for the Children's Committee by the county health department.

Medical Supervision of Nurseries and Children's Homes

During the year under review the scheme for the supervision of all children in county council children's homes has again been satisfactory. Co-operation has continued between the health department, the staff of the children's homes and the general practitioner undertaking the treatment of the children under Part IV of the National Health Service Act.

Dental Care

The dental care of children resident in nurseries and children's homes is undertaken by the county dental staff who arrange periodic inspection and treatment. In addition, treatment is available at dental clinics, or dental sessions at schools, for children found on examination by the medical officer to need emergency treatment on admission to the homes.

Protection of Children from Tuberculosis

Chest x-ray examinations of all staff at children's homes are carried out before appointment and thereafter at yearly intervals. During 1960 nine initial and fifteen annual examinations were carried out, but none of the films showed signs of tuberculosis.

Statistics

<i>Number of children's homes including the reception observation centre</i>	<i>Number of routine visits of medical officer</i>	<i>Number of routine examinations</i>	<i>Number of children referred for treatment</i>	<i>Number of children under observation for defects</i>
4	66	177	26	3

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Three new registrations were made under this Act during the year, and there are now five daily minders supervising thirty-seven children.

Statistics

	<i>Number registered at end of year</i>	<i>Number of children provided for</i>
Premises: (a) Factory ..	—	—
(b) Other Nurseries ..	2	29
Daily minders	5	37

DAILY MINDERS PROVIDED BY THE AUTHORITY

During the year under review no daily minders were provided by the authority.

CIVIL DEFENCE

AMBULANCE AND FIRST AID SECTION

The section has been re-organised and renamed 'The Ambulance and First Aid Section'. This re-organisation should make it more attractive to members of the St. John Ambulance Brigade and the British Red Cross Society.

The volunteer strength at the end of the year was 242, a decrease of 121 on the previous year. This fall in numbers is mainly due to the elimination of all personnel unwilling to undergo the necessary training.

Dorset has been scheduled by the Home Office to provide three ambulance columns, each of 72 ambulances and 336 personnel. A distribution has been made to areas and sub-areas on the basis of one column to each civil defence area.

Training

Thirteen courses in ambulance section training and eighteen courses in first aid were held.

Training exercises were on a somewhat larger scale than in previous years with more ambulances employed on each occasion. Six ambulances took part in a convoy exercise held during October in conjunction with the Hampshire Civil Defence Corps.

Vehicles

The first of a series of new training ambulances on Ford chassis was received from the Ministry of Health. These will eventually replace all the older county ambulance vehicles at present retained for civil defence training purposes.

WELFARE SERVICES

As a result of the Ministry of Health Circular 16/1960 dated 30th May 1960 the county council appointed the county medical officer of health as head of the welfare section and the county education officer was appointed to be responsible for the duties of chief rest centre officer and emergency meals officer. The organisation of training and recruiting into the section has therefore passed to the county education officer who now presents reports on these activities to the county council from time to time.

The number of enrolled members in the welfare section were distributed as follows:

Poole Borough	..	..	110
Weymouth Borough	..	..	79
Other urban areas	..	..	253
Rural areas	..	..	515
Total	..	..	957

ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

General Commentary

Except in west Dorset and parts of the Wareham and Purbeck rural district, the provision of piped water is nearing completion and attention is being focussed on sewerage and sewage disposal. Although most of the district councils are well aware of the need either for new schemes or of improving existing works, it cannot be said that the situation in this county is as good as it might be. One of the reasons why main drainage has tended to lag behind water supply is that before the Ministry of Housing and Local Government will accept a scheme for grant-aid under the Rural Water Supplies and Sewerage Acts, 1944-55, there must be evidence to show that the need for sewerage and sewage disposal is directly linked with the provision of piped water.

The two main accomplishments in the fields of water supply and sewerage during the year were the coming into operation on 1st April of the Poole and East Dorset Water Board and the completion last September of the Wimborne main drainage scheme.

The Poole and East Dorset Water Board settled down smoothly in spite of the problems of detail brought about by the transfer of functions from the district councils. The board took over one of the contracts at Wool from the Wareham and Purbeck Rural District Council and are already working on a revised scheme for those parts of the rural district not adequately served with piped water.

The Wimborne Main Drainage Scheme was formally opened by the Chairman of the Wimborne Minster Urban District Council on 5th October and in his remarks he acknowledged the considerable financial and technical assistance which the county council had given. The estimated final cost of the contract work was £333,893 plus £26,904 paid by the Wimborne Minster Urban District Council direct to nominated sub-contractors, making a total of £360,797. The original tender figure was £428,697, after deducting the allowance for house connections which are to be carried out by direct labour. Thus there was a saving on the contract of £67,900 plus an estimated saving of £3,395 in respect of consulting engineers' fees making a total estimated saving of £71,295.

Because of the exceptionally wet summer the shortages of water which did occur were confined mainly to west Dorset, particularly to West Bexington where the situation became difficult in May. It is hoped, however, that this will be the last year in which water will have to be carted to this village because in December a start was made on a scheme to provide West Bexington with a mains supply from the West Dorset Water Board's source at Litton Cheney.

The regional water scheme for west Dorset as submitted in outline early in the year and was the subject of a report by the county public health engineer in February. One of the suggestions contained in this report was that instead of pumping water for Bridport, the largest centre of supply, to reservoir No. 14 (T.W.L. 500 O.D.) which was costly it might be advisable to continue to gravitate water to Bridport and Burton Bradstock and, in due course, to the other southern parishes to be supplied from Litton Cheney by means of a large-capacity low-level supply main. An ideal arrangement it was felt might be to allow the existing pipeline to remain in service as long as possible to carry the bulk of Bridport's water and to lay a new supplementary main into which could be pumped the whole of the supply for this part of the board's area. The capital costs would be greater but running costs would be considerably reduced and the eventual overall effect on the cost of production would be marked. The board duly considered this and other suggestions contained in the county public health engineer's report, which was approved by the county council at their May meeting, and agreed that the outline scheme should be amended on these lines.

The total estimated cost of the regional scheme, as amended, is £1,156,000 and it should be borne in mind that the size of this scheme and the layout of the distribution system were governed largely by the need for water for agriculture. Nearly one-half of the water expected to be supplied would be for agricultural purposes and accordingly there were strong grounds for expecting generous grants from the ministries concerned.

One of the requests made of the West Dorset Water Board in the course of a conference at the Ministry in March was that the preparation in detail of phase I of the regional scheme, estimated to cost £303,049, should proceed and by the end of the year the design work had been completed. To have carried out the many surveys, prepared numerous drawings, test-pumped and proved the Litton Cheney source and prepared detailed reports within a matter of a few months was a remarkable achievement on the part of the board's Engineer and Manager and the limited engineering staff at his disposal.

In my annual report for 1959 reference was made to the fact that there remained only one part of Dorset in which nothing of a positive nature had been done towards the regrouping of water undertakings. This was the central southern area comprising Dorchester borough and rural district, Weymouth and Portland. During the year discussions have taken place between the Weymouth Waterworks Company and the local authorities concerned and it is understood that consideration has been given to the formation of a water board embracing this area. The county council were not invited to take part in the discussions although, in July 1959, they expressed the view that the 'areas comprising Dorchester borough, Dorchester rural district (except the parishes in the Piddle Valley), Portland urban district, Weymouth borough and the West Dorset Water Board should be constituted into a single water board.'

Whilst the exceptionally heavy rainfall replenished sources which were severely taxed during the drought of 1959, and to this extent was an asset, it became a liability in other directions. There was extensive flooding in several parts of Dorset, notably at Bridport, and drainage systems throughout the county were subjected to exacting tests. In the Wimborne area where there is normally a high water table the recently completed sewerage schemes were, at times, heavily surcharged and some of the pumping stations became temporarily out of control when the storms were at maximum intensity. The remarkable thing was that little if any damage was done and quite what the situation would have been in Wimborne itself had the drainage system not have been completed is difficult to imagine; to put it at the lowest level there seems no doubt that it would have been very serious indeed.

The following briefly summarises the position in respect of the work other than that to which reference has been made above which has been carried out during 1960 on (a) water supply and (b) main drainage:—

(a) *Water Supply*

West Dorset Water Board—

Development of the Litton Cheney Source

The three 27 in./24 in. production boreholes were completed and, in consultation with the Geological Survey, a systematic programme of test pumping was carried out in the autumn; the results were satisfactory and a summary of the records obtained has been sent to the Ministry of Housing and Local Government. There would seem to be no doubt that there will be more than enough water at Litton Cheney to meet the board's maximum needs from this source.

Site Development at Hooke

Following the completion of the purchase of the Hooke springs, the Engineer and Manager of the West Dorset Water Board arranged for a detailed survey to be carried out and his scheme for the development of this source and the construction of a permanent pumping station has been submitted to the Ministry as part of stage I of phase I of the regional scheme.

Poole and East Dorset Water Board—

Good progress was made on the scheme for the parishes of Wool, Coombe Keynes and Winfrith Newburgh, and by the end of the year it was nearing completion at an estimated cost of £31,500. A start was also made on the balance of the scheme to serve Wool village at an estimated cost of £24,000.

West Wilts Water Board—

Motcombe and Bourton

Main improvement schemes have been undertaken in these areas and the position at the end of the year was that the Motcombe scheme had been almost completed and that for Bourton was in its early stages.

Dorchester Rural District—

Lyons Gate, Minterne Magna

Work commenced on 2nd November for the provision of piped water to this hamlet but progress was held up by inclement weather.

Maiden Newton and Toller Porcorum

A new borehole was constructed at Maiden Newton to augment the existing source and to enable a supply to be taken to the village of Toller Porcorum where for many years there have been shortages during the summer. In December tenders were invited for this scheme.

(b) *Sewerage and Sewage Disposal*

Bridport Borough

For a great many years trouble has, under certain conditions of wind and tide, been experienced at West Bay due to the contamination of the beach by sewage and the borough council have explored a number of possibilities for remedying this unsatisfactory state of affairs. The construction of a sewage treatment plant would be extremely costly and would involve pumping almost the whole of the sewage flow. The siting of the works would also be a major problem.

In view of these difficulties, the county public health engineer suggested to the Mayor of Bridport that a possible solution might be the construction of a submarine pipeline extending a mile or more out to sea. Such an outfall would be laid in specially protected steel pipes which would be pulled into the sea by a new technique. The discharge point could be fixed precisely, following a carefully conducted hydrographical survey.

The proposal was similar in many respects to the scheme which had been adopted by the Atomic Energy Authority at Winfrith for the discharge of radioactive waste into the English Channel and there were examples in different parts of the world in which this system had been used for conveying oil or trade waste. There was no known instance, however, of a steel submarine pipeline having been used in Great Britain purely for sewage disposal purposes but the Ministry of Housing and Local Government had indicated that they saw no reason why this technique should not be applied for this purpose, particularly in the light of the recent report by the Medical Research Council dealing with the contamination of bathing beaches.

The submarine pipeline system was explained in detail at a special meeting convened by the mayor in September and in October the corporation decided to engage a specialist firm of contractors to carry out a hydrographical survey. By the end of the year echo soundings had been completed and the float tests were well advanced; a full report on the survey would shortly be prepared for consideration by the borough council.

If the results are satisfactory and the council are of the opinion that a scheme based on this technique should be adopted, there is the possibility that sewage from Beaminster and other parishes in the valley of the River Brit might, by arrangement between the borough council and the Beaminster Rural District Council, be discharged into the Bridport drainage system thereby saving the construction and maintenance of separate sewage disposal works. Another possibility is that adjoining parishes of the Bridport rural district could be served by the submarine pipeline and there is every likelihood that discussions on possible joint schemes will take place between the borough council and other interested parties when the necessary data is available.

Beaminster Rural District—Nettlecombe and Powerstock

This small scheme was completed in December in the face of many difficulties largely due to the abnormal weather conditions.

Bridport Rural District—Charmouth

The Bridport Rural District Council's scheme for improvements and additions to the sewerage system and for a new sewage disposal works has made good progress. Because of the flat nature of the site and for other considerations it was decided to adopt the activated sludge system of sewage treatment and this will be the first plant of its type in Dorset to deal with a comparatively small population.

Dorchester Rural District—Chickerell

Steady progress has been made on this scheme which, largely because of the ground conditions, has given rise to many problems. About three-quarters of the scheme had been finished by the end of the year.

Shaftesbury Rural District—Gillingham

This scheme, which is estimated to cost £135,634, was nearing completion at the end of the year. It will deal with domestic sewage and a considerable quantity of trade waste, mainly from bacon factories and a glue works. The trade effluent agreements between the council and the factory managements concerned have not yet been finalised.

It is important that as many properties as possible should discharge sewage into the new sewers or the problem of river pollution will not be overcome and the river board may continue to have cause for complaint.

Sherborne Rural District—Alweston and Bradford Abbas

Improvement and extension schemes in these parishes were commenced in July and progress has been as satisfactory as the weather conditions would allow.

Sturminster Rural District—Sturminster Newton: Contract No. IV

This contract was commenced in July 1959 and was about eighty-five per cent finished by December 1960. It serves part of the market town of Sturminster Newton and the estimated cost is £34,100.

Wareham and Purbeck Rural District—

Lytchett Minster (Upton)

In spite of bad weather and difficult ground conditions work has proceeded satisfactorily on this scheme, which should be completed by the middle of 1961.

Wool

The sewage disposal works have been finished and have been receiving domestic sewage from the Atomic Energy Establishment, Winfrith, for some months; the estimated cost is £32,200. Work on the sewers commenced in July and satisfactory progress has been made.

Wimborne and Cranborne Rural District—

Colehill, Pamphill and Hampreston

Two of the main contracts of this scheme were put in hand during the year. Contract No. 6 was commenced in May and was virtually completed by the end of September. Contract No. 7 commenced in November and is proceeding satisfactorily. For the first time on a sewerage scheme in Dorset use is being made of asbestos cement pipes with the new 'Turnall' joint. These afford a good degree of flexibility in the pipeline and, except in unstable ground conditions, require no concrete bed. The overall cost of laying shows useful savings over more orthodox materials.

Ferndown and West Moors

This scheme which, with an estimated cost of £698,000 is the largest single project of its type ever to be submitted to the county council, was approved in principle by the county council in May and is to be the subject of a local investigation by the Ministry of Housing and Local Government early next year.

Some indication of the extent to which development has taken place in this part of the Wimborne and Cranborne rural district may be gauged by the fact that the design population figure is 11,350.

West Parley

This major scheme, which was commenced in 1958 and which comprised five contracts, was completed in December at a total cost of £342,547.

It was subjected to a particularly severe test during the autumn due to the quite exceptional rainfall. Although the flows at peak periods exceeded five times the normal dry-weather flow no inconvenience was caused to householders in spite of the fact that at times certain of the pumping stations were flooded.

The table given below summarizes the schemes which were (i) submitted to the county council for consideration under the Rural Water Supplies and Sewerage Acts; (ii) commenced; and (iii) completed during the year. In addition, local investigations were held by inspectors of the Ministry of Housing and Local Government as follows:—

Water Supply

Dorchester Rural District—Toller Porcorum.

Sewerage and Sewage Disposal

Wareham and Purbeck Rural District—Lythcott Minster (Upton area).

Inspections of schemes completed or in progress were made by inspectors of the Ministry at the following works:—

Water Supply

Dorchester Rural District—Abbotsbury and Portesham.

Sewerage and Sewage Disposal

Beaminster Rural District—Halstock; Nettlecombe and Powerstock.

Dorchester Rural District—Broadmayne.

Sturminster Rural District—Sturminster Newton.

Wareham and Purbeck Rural District—Lythcott Minster (Upton area); Wool.

Wimborne and Cranborne Rural District—West Parley.

Statistics

Schemes Submitted, Commenced and/or Completed during 1960

Local Authority	Scheme	Approximate costs of Schemes		
		Submitted	Commenced	Completed
		£	£	£
	<i>Water Supplies</i>			
Bridport Rural ..	Puncknowle Village	—	—	12,128
Dorchester Rural ..	Bradford Peverell	3,270	—	—
	Langton Herring Village	2,280	—	—
	Minterne Magna—Lyons Gate	—	4,160	—
	Toller Porcorum	—	17,350	—
Wareham and Purbeck Rural District ..	Wool, Coombe Keynes and Winfrith Newburgh (part of Regional Scheme)	—	67,000	—
West Dorset Water Board ..	Regional Scheme	1,156,000	—	—
	Puncknowle, Litton Cheney and Swyre	29,215	—	—
West Wilts Water Board ..	Bourton—4 in. main	—	1,700	—
	Motcombe—4 in. main	—	1,135	—
	<i>Sewerage and Sewage Disposal</i>			
Beaminster Rural ..	Beaminster and Netherbury—Extension	2,450	—	—
	Nettlecombe and Powerstock	—	—	12,625
	Halstock	7,057	—	—
Blandford Rural ..	Pimperne	—	—	16,986
Dorchester Rural ..	Charminster	—	80,000	—
	Puddletown	—	51,356	—
Sherborne Rural ..	Alweston—Additional to complete	—	9,369	—
	Bradford Abbas—Additional to complete	—	19,129	—
	Thornford—Additional to complete	—	15,348	—
Sturminster Rural ..	Hinton St. Mary—Extension	—	—	6,570
Wareham and Purbeck Rural ..	Langton Matravers—Extension	—	—	3,790
	Wool and East Burton	—	141,000	—
Wimborne and Cranborne Rural ..	Ferndown and West Moors	698,000	—	—
	West Parley:—			
	Contract No. 3	—	—	47,825
	Contract No. 4	—	—	134,000
	Contract No. 5	—	—	29,456
	Corfe Mullen—Southern part	33,700	—	—
	Colehill, Pamphill and Hampreston:—			
	Contract No. 6	—	54,450	—
	Contract No. 7	—	121,700	—

Rivers Pollution Prevention

The work of cleaning up Dorset's rivers has continued. With the completion of the Wimborne Minster main drainage scheme the condition of the River Allen has improved but complete removal of sewage contamination will not, of course, be achieved until the direct labour scheme for house connections has been finished. This complicated process began in May and by the end of the year some 293 properties had been connected up. There are about 1,500 houses to be dealt with and it is doubtful whether the work will be finished in much less than three years.

The River Stour will benefit markedly as a result of the Gillingham sewerage scheme but here again, although the work is well advanced, the results will not be fully manifest until properties which are at present discharging directly or indirectly into the river are connected to the sewerage system. Even more serious than domestic sewage is the discharge into the Stour of trade waste from the several factories at Gillingham and it is hoped that the council will arrange for these sources of pollution to be removed as a matter of urgency.

It is good to see that the new sewage disposal plant at Charmouth is nearing completion; the lower reaches of the River Char will be very much cleaner when this comes into service.

It is disappointing that there is still no immediate prospect of a start being made on the Beaminster and Netherbury sewerage scheme. The state of the River Brit is as serious as ever and the fact that this did not seem as obvious this year as it was in 1959 was due entirely to the relatively high river flows which were maintained during the summer months. Whatever the solution to the Beaminster and Netherbury problem may be, either treatment of the sewage inland or discharge into a submarine pipeline, it is to be hoped that an early decision can be reached. Although the possibility of a sea discharge has come up for consideration almost at the eleventh hour, the adoption of this method might well be a quicker means of dealing with sewage from Beaminster and Netherbury than treatment at a sewage disposal works, which would take something like two years to construct.

Progress is being made with the augmentation of the Dorchester sewage disposal works. The River Frome is one of the cleanest of Dorset's rivers but for some years pollution has occurred below the Dorchester outfall. Soon this should be a thing of the past.

Once again it is a pleasure to place on record the department's appreciation of the co-operation received from the Fisheries and Pollution Inspector to the Avon and Dorset River Board.

Sanitary Accommodation

Although good work is being done in this connection by means of 'standard grants' under the House Purchase and Housing Act 1959 it is surprising that greater use has not been made of the facilities offered. The conditions to be met are by no means severe and, subject to compliance with these, sums of up to £155 are available for works which include the conversion of earth closets to the water carriage drainage system.

Advantage continues to be taken of improvement grants under the Housing (Financial Provisions) Act 1958 for, amongst other things, the provision of water closets, bathrooms and drainage systems. Bearing in mind however the rising standard of living, especially where matters such as the installation of modern methods of sanitation are concerned, the percentage of properties provided with these amenities in rural areas is not as large as might have been expected.

Judging from reports of parish councils and parish meetings, pressure is being brought upon the sanitary authorities for the provision of sewerage and sewage disposal schemes in those villages and hamlets where reliance is still being placed upon conservancy. Whilst this is a good sign it will take a long time before these demands can be fully met, for economic reasons. New materials and techniques are, however, helping to keep estimates from rising unduly and in the future it is expected that asbestos-cement and pitch-fibre pipes will be more widely used than the erstwhile conventional stoneware and concrete sewers.

Public Cleansing

Little, if any, complaint can be levelled at the manner in which the public cleansing services of the county are run by the county district councils. There are, of course, ways in which worthwhile improvements could be made, particularly in rural districts where collections are not always as frequent as may be desired. As is so often the case, the reason for the deficiencies which do exist is largely a question of cost and the rising price of labour does not help councils to extend their public services.

It is regrettable that no tangible progress has been made in the composting of domestic refuse and sewage sludge. Here again the question is governed almost wholly by economics, but it is a pity that a joint pilot scheme cannot be initiated by one of the larger towns in collaboration with adjoining rural districts. Progress with composting is being made in other parts of the country, admittedly in the more built-up areas, but the potentialities of this technique have not yet been generally recognised. This, by and large, is against the national interest.

Possibly more as the result of the unseasonable weather than an awakening of the conscience, there was a distinct improvement in the litter nuisance last summer. Local authorities themselves took a lead in this matter and in most parts of the county not only were more litter bins provided but they were of a more serviceable size and much better maintained than in the past. There is still room for improvement and the problem will not be overcome until there is complete co-operation between the public and the responsible authorities. Again it must be put on record that the Litter Act 1958 has not proved of any great value in penalising offenders, mainly because of administrative difficulties.

Outweighing even the litter question is the menace caused by the fouling of hedgerows, woodlands and spinneys on trunk roads by urine and faecal matter by people who sleep in their cars in lay-bys and similar parking places. Conditions can, too often, only be described as bestial and it is difficult to believe that in the nineteen-sixties human beings could behave in so appalling a manner. No amount of education would seem to bring home to some of those concerned the common decencies of hygiene. Accordingly, it is of paramount importance that steps be taken as a matter of urgency to provide properly equipped overnight car parks at strategic places along the more popular trunk roads.

The county council have been considering this matter and it is clear that the committees concerned in this question should get together and work out a satisfactory scheme. It is one of the most serious problems which have arisen from the tremendous increase in the use of motor transport and unless a solution is found a sordid and, from a health viewpoint, a most dangerous situation may arise. As has been said in earlier reports it would seem that a prerequisite to any such scheme would be legislation to prohibit overnight casual camping except in organised parks.

Shops Act, 1950

Commensurate with their many other duties the public health inspectors of the county district councils have given attention to the administration of the relevant provisions of the Shops Act. The amount of work which they have been able to put in, however, falls short of what might have been desired, but it is unlikely that more can be done in this direction until and unless the staffing position improves.

Swimming and Sea Water Bathing

In the face of the findings of the committee set up by the Medical Research Council to investigate the contamination of beaches there has been a fresh approach to the question of the disposal of sewage into the sea. In the light of the available evidence it became clear that the Ministry of Housing and Local Government would find difficulty in refusing to accept schemes for sewage disposal based upon properly constructed and properly positioned sea outfalls. Only when, because of local conditions, sewage was likely to be washed ashore would there be hope of convincing the Ministry that full treatment inland should be adopted in preference to disposal by dilution.

In the past it has been by no means easy for those responsible for the design of sea outfall schemes to construct a pipeline to discharge at the point where hydrographical surveys had shown the best conditions to exist. This was largely due to engineering factors involved in the laying of cast iron outfalls. Of recent years, however, the technique of pulling a pipeline into the sea has been extensively developed and use has been made of this system for commercial purposes; perhaps the best known example in Great Britain was the construction during the war of the 'Pluto' pipeline. A submarine pipeline of this type is usually constructed of steel suitably protected against corrosion both internally and externally, and the essential difference between this type of outfall and the conventional cast iron one is that to all intents and purposes it can be taken to the most suitable discharge point without regard to the limitations imposed by the physical considerations of construction.

Reference to this system and its possible adoption in Dorset for sewage disposal purposes has been made earlier in this report and it is believed that, depending upon the results of hydrographical surveys, not only is there unlikely to be any danger to public health from the use of a submarine pipeline but the chances of sewage finding its way inshore once it had been deposited in deep water a mile or more out to sea would be remote.

It might be felt that any form of sea outfall was very much a 'second-best' to the treatment of sewage inland, but when all factors are taken into account and carefully and dispassionately weighed one against the other the advantages of the submarine pipeline would seem to be clearcut. If the findings of the Medical Research Council are accepted as the most authoritative evidence yet available, then it must be admitted that the risk to public health by the discharge of sewage into the sea is infinitesimal, in fact so small as to be disregarded for all practical purposes. Furthermore, not only is the submarine outfall likely to be a good deal cheaper in capital cost but running expenses are extremely small in comparison with a sewage treatment plant.

One other important factor which must not be overlooked is that by subjecting sewage to treatment at a biological sewage disposal works there is no *guarantee* that the effluent will be free from disease-carrying organisms and it is a commonplace to turn the effluent from such a process into a stream or river. It follows, therefore, that risks from a feeling of false security arising cannot be ignored.

The county council have given very careful consideration to this whole problem and as a result of a report which came before them in July it was decided that the submarine pipeline system should be brought to the attention of the local sanitary authorities concerned as a method worthy of investigation.

Turning to inland swimming baths it must be said that Dorset is not particularly well served in this direction at present, although the baths which exist are well supervised by the public health inspectors of the county district councils. Such facilities are available at Blandford, Gillingham, Shaftesbury and Poole and the question of the construction of a new swimming bath at Dorchester is receiving careful consideration.

Learners' swimming pools have been provided for organised swimming instruction at eight of the larger county schools. These have proved a great asset and the results of the frequent control tests have been very satisfactory. The free chlorine content of the swimming bath water is closely supervised during the periods of use and, under the guidance of the county health department, the teaching staff and selected senior pupils are co-operating fully.

Disposal of Radioactive Waste

The submarine pipeline conveying radioactive and other wastes from the Atomic Energy Establishment, Winfrith Heath, to a distance of two miles out to sea at Arish Mell was brought into operation in March. Before the installation was used the county public health engineer and a representative of the Southern Sea Fisheries District carried out an inspection of the storage tanks, control room, warning system and main pumping station at the invitation of the chief industrial chemist. Particularly impressive were the precautions for ensuring that information concerning any breakdown in any part of the system would be relayed to the control panel for immediate action.

The pipeline is designed to discharge up to 0.4 million gallons per day of active effluent and 1.1 million gallons per day of non-active effluent. It is in duplicate to afford a measure of standby; using both pipes together the required quantities can be discharged in approximately 14½ hours.

Sampling and other records are available for examination at any time and inspections by representatives of the Southern Sea Fisheries and of the county health department are welcomed. Close liaison and cooperation exists between the Atomic Energy Authority and the local authorities concerned; no complaints of any kind have been received by the county council concerning the discharge of effluent or any other matter.

Verminous Premises

The Control of Vermin and Insect Pests

There is once again evidence to show that the decline in the number of persons and premises reported to be verminous, to which reference has been made in recent years, has continued.

Rodent Control

Much valuable work has been done during the year in the destruction of rats and mice, but it would be a good thing if funds could be made available for the existing services to be augmented; they do not go quite far enough at present.

Factories Acts

Dorset is not an industrial county and the number of factories is small. Accordingly the need for any considerable volume of work under the Factories Acts does not arise but the necessary supervision has been carried out.

Satisfactory co-operation has been maintained between H.M. Inspectors of Factories and the local authority officers concerned.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Pasteurised Milk

The number of licensed pasteurising establishments in the county, including the borough of Poole, on 1st January 1960 was sixteen. During the year licences were cancelled in respect of two dairies which ceased to pasteurise milk so that at 31st December there were fourteen pasteurising establishments.

The reduction in the number of dairies in the county at which milk is pasteurised has not resulted in any decrease in the production of milk of this designation, but rather has the heat treatment process been concentrated in the larger wholesale establishments which now supply bottled pasteurised milk to dealers over a wider area. In warm weather the transport of bottled milk over long distances is bound to present hazards in respect of the keeping quality of the milk unless suitable precautions are taken and in this connection it is noteworthy that during the year one creamery in the county adopted the practice of conveying wholesale supplies of bottled milk in articulated refrigerated vans.

During the year officers of the county health department maintained a close supervision of the licensed pasteurising establishments in the administrative county area. As a check on the efficiency of the cleansing of pasteurising plant and ancillary equipment rinses and swabs were obtained frequently and submitted for laboratory examination. Reference to the statistical summary indicates that 1,480 specimens were examined, of which 119 (eight per cent) were reported as being unsatisfactory and in general it can be stated that a satisfactory standard of hygiene was maintained throughout the year.

Sampling of pasteurised milk is a most important aspect of the supervisory work and weekly visits are made to the licensed dairies for this purpose. The number of samples taken and submitted to the statutory tests during 1960 was 1,495, only 19 (1·3 per cent) of which failed the phosphatase test for efficient heat treatment. The methylene blue test was not applied to 339 samples, due to the atmospheric shade temperature exceeding 65°F., and approximately one per cent of the remaining 1,156 specimens failed to satisfy this test for keeping quality.

Milk Legislation—The Milk (Special Designation) Regulations, 1960

The above-mentioned regulations came into operation on 1st October 1960 in so far as producer-retailers' licences were concerned. The effective date for distributors' licences was 1st January 1961.

These new regulations consolidate and amend previous legislation dealing with the production and sale of specially designated milk. Their purpose is to ensure that milk is produced, bottled, distributed and, in the case of pasteurised and sterilised milk effectively heat treated, under such conditions that it reaches the consumer in a clean, safe condition.

An important amendment is in respect of the issue of licences. Under the new regulations producers of tuberculin tested milk continue to be licensed by the Ministry of Agriculture, Fisheries and Food as hitherto, but as from 1st January 1961 food and drugs authorities assumed responsibility for the granting of licences to dealers in specially designated milk. In Dorset this means that, except in the borough of Poole, the county council is now responsible for the issue not only of Dealer's (Pasteuriser's) Licences and Dealer's (Steriliser's) Licences, as hitherto, but of all dealers' licences for the sale of graded milk. The effect of this change of administration has been to make the county council, as the food and drugs authority, responsible for supervising the sale of milk by the majority of the distributors in the county and this work is undertaken by the public health section of the county health department.

Prevention of the Sale of Tuberculous Milk

It will be seen from the statistical summary that a total of 434 samples of milk were submitted for biological examination for the tubercle bacillus and that each of the specimens produced a negative result. During the year the Ministry veterinary officers completed the testing programme with the result that at 31st December 1960 each of the 3,537 cattle herds in the county was attested. Of this number 2,558 dairy herds were licensed for the production of tuberculin tested milk.

From the foregoing it will be appreciated that there is now very little risk of the tubercle bacillus being identified in milk produced in Dorset.

Sampling Point	Turbidity		Methylene blue test		Phosphatase test		Total	Biological Examination		Total
	P.	F.	Pass	Fail	Pass	Fail		Negative	Positive	
Licensed Pasteurising Establishments ..	—	—	1,142	14	1,476	19	1,495	3	—	3
Schools:—										
Pasteurised milk ..	—	—	842	32	1,090	2	1,092	1	—	1
T.T. milk ..	—	—	127	61	—	—	188	13	—	13
School Canteens:—										
Pasteurised milk ..	—	—	347	18	461	1	462	—	—	—
T.T. milk ..	—	—	23	11	—	—	34	—	—	—
County Homes and Hospitals:—										
Pasteurised milk ..	—	—	151	5	196	—	196	—	—	—
T.T. milk ..	—	—	32	5	—	—	37	5	—	5
Retailers:—										
Pasteurised milk ..	—	—	418	8	527	1	528	—	—	—
T.T. milk ..	—	—	63	19	—	—	82	8	—	8
Sterilised milk ..	12	1	—	—	—	—	13	—	—	—
Non-designated milk ..	—	—	3	1	—	—	4	—	—	—
Producers and Producer/Retailers:										
T.T. milk ..	—	—	416	135	—	—	551	362	—	362
Non-designated milk ..	—	—	27	—	—	—	27	42	—	42
Private Schools:—										
Pasteurised milk ..	—	—	140	1	196	—	196	—	—	—
T.T. milk ..	—	—	6	5	—	—	11	—	—	—
Non-designated milk ..	—	—	—	—	—	—	—	—	—	—
Totals ..	12	1	*3,737	315	3,946	23	4,916	434	—	434

* In accordance with the provisions of part III to the third schedule of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53, 851 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 65°F. on the days the samples were obtained.

Rinses and Swabs

Obtained from	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments and Schools ..	1,243	118	119	1,480

Water

Sampling Point	Satisfactory	Fairly Satisfactory	Unsatisfactory	Total
Pasteurising Establishments, Police Houses, Schools, etc.	530	83	32	645

General

	Samples
Water, swimming-bath water, Moore's swabs, food, milk, not included in above tables	865
Grand total of samples taken (all groups)	8,340

Designated Milk Production

At 1st January 1960 there were 2,816 registered dairy farms in the county, of which 2,460 were licensed for the production of tuberculin tested milk. By the end of the year the number of registered dairy farms decreased by 38 to 2,778, of which 2,558 (92 per cent) were licensed for tuberculin tested milk production.

It is very satisfactory to be able to report that at the end of 1960 as much as 96.5 per cent of the milk produced in the county came from attested tuberculin tested herds whilst the remaining 3.5 per cent of the production was from attested herds.

Specified Areas

No further areas of the county were 'specified' during the year but preliminary steps have been taken in respect of the specification of the Beaminster and Bridport rural districts, certain parishes of the Dorchester rural district and the boroughs of Bridport and Lyme Regis. When the appropriate Order is made for these West Dorset areas the sale of specially designated milk will be obligatory throughout the county.

During the year the Minister of Agriculture, Fisheries and Food granted consents to four milk producers in specified areas of the county to enable them to retail non-designated milk to local households who, due to their remote position, would otherwise be unable to obtain a supply of fresh milk.

Meat and Other Foods

Meat Inspection

The number of licensed general slaughterhouses in the county at 31st December 1960 was 24, of which one is council-owned, the remainder being in private ownership. In addition there are two bacon factory slaughterhouses and a food factory slaughterhouse. The inspection of carcasses and offal at the slaughterhouses is undertaken by the public health inspectors to the relevant county districts who aim to maintain a one hundred per cent meat inspection service despite the irregular hours, including week-ends, which the work involves. It is this question of irregular hours that continues to be the main obstacle to the maintenance of a full meat inspection service and it is doubtful whether the Authorised Officer (Meat Inspection) Regulations 1960 will be of much assistance in such cases.

The Meat (Staining and Sterilisation) Regulations, 1960

These regulations, which became operative on 1st November 1960, make compulsory the sterilisation of all meat found at slaughterhouses to be unfit for human consumption before it leaves the premises. An exception is made in those cases where no facilities exist for sterilisation, when removal of the unfit meat can be undertaken by arrangement with an authorised officer of a local authority to a place where it will be sterilised or destroyed.

The regulations also require that all meat from knackers' yards must be stained or sterilised before it leaves the premises.

Certain exceptions to the staining or sterilising of unsound meat are allowed in the case of supplies to medical and veterinary schools, manufacturing chemists, zoos, menageries and mink and trout farms.

The introduction of these regulations was generally welcomed by all interested in public health as they should prove a valuable aid in protecting the public from the dangers associated with the handling of diseased meat.

The Manufacture and Sale of Ice Cream

During the year the public health inspectors to the county district councils submitted a total of 549 samples of ice cream to the public health laboratory at Dorchester and it is noteworthy that 92 per cent of the specimens were of a satisfactory grade. The majority of the samples were in respect of manufacturers having a national distribution, only a comparatively small quantity of ice cream being produced within the county.

Adulteration of Food and Drugs

The duties of the county council in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the chief inspector of weights and measures. The following particulars relate to samples taken during the year ended 31st December 1960:—

<i>Nature of Sample</i>	<i>Number obtained</i>	<i>Number certified as adulterated or not up to standard</i>
Milk	478	4
Butter	6	—
Cream	9	—
Ice Cream	7	—
Pork Pies	21	—
Potable Spirits	31	—
Steak and Kidney Pies	15	—
Other foods	132	17
Drugs	31	3
Totals	730	24

CLEAN AIR

No serious problems of atmospheric pollution occurred during the year. The relevant provisions of the Clean Air Act are enforced where necessary and, in addition to the question of smoke from industrial and domestic chimneys, the public health inspectors of Poole and Weymouth have regard to vessels in harbour with a view to minimising smoke nuisance from this source.

Close co-operation has been maintained between the public health inspectors and the alkali inspectorate who are responsible for many of the heavy industries including gas and electricity works, iron and steel foundries and chemical and ceramic factories.

CARAVANS AND CAMPING

Caravan and camping holidays have become so popular that one of the major problems now confronting district councils is the provision of suitable sites. The beauties of the Dorset coastline attracts an increasing number of holidaymakers each year, many of whom prefer the open-air type of holiday associated with camping and caravans. Sites to meet this need exist at many places along the length of the coastline but the heaviest concentration is at Poole (Rockley Sands), Swanage, West Lulworth, Weymouth, West Bay and Lyme Regis.

During the holiday season close supervision of the sites is maintained by the public health inspectors of the relevant district councils. In general the standard of sanitation is satisfactory, mains water supply and flushed water closets being provided in most cases, but during the peak holiday period there has been a tendency for overcrowding to occur in a few instances with consequent complaints in respect of the sanitary accommodation.

The Caravan Sites and Control of Development Act 1960, which came into operation on 29th August, gives local authorities considerably wider powers in connection with licensing conditions in respect of caravan sites than was the case under section 269 of the Public Health Act 1936. One result of this is that it is unlikely that complaints will be made in future on the grounds of overcrowding of sites.

HOUSING (Table 28)

The following table indicates the position regarding new house construction in Dorset during 1960, the figures being obtained from Ministry of Housing and Local Government returns for the year. The number of council houses which were built was 505, an increase of 152 compared with 1959, whilst the figure of 1,632 for new private enterprise houses was 227 more than in the previous year.

Of the 505 new council houses 148 were built by the Poole Corporation and 120 by Weymouth Borough Council. It is noteworthy that the Portland urban district council erected 48 houses during the year and that 24 were built in the Wimborne Minster urban district. No new council houses were constructed by the boroughs of Lyme Regis and Shaftesbury or by the urban district of Swanage.

With regard to council house construction in the nine rural districts, the Wareham and Purbeck rural district council top the list having built 847 houses since 1st April 1945. They are closely followed by the Sturminster rural district with 825 new houses. Third place in post-war house construction is held by the Wimborne and Cranborne rural district council whose total is 805. No new houses were built in 1960 by the Sherborne and Sturminster rural district councils.

It is satisfactory to be able to report that there was an overall increase in the number of houses built by the district councils in 1960 compared with 1959 and it is hoped that this trend will continue. Returns submitted by the nine rural district councils indicate that, as at 31st December, there were 1,637 applicants for housing accommodation, an increase of 125 on the corresponding figure for 1959. It is evident, therefore, that there continues to be an urgent need for council houses and it is hoped that it might be found possible to increase the rate of construction in 1961, particularly in those districts where the demand is greatest.

In most parts of the county the building of private houses has increased and by the end of the year the position had been reached when for the first time since 1st April 1945 the total number of houses that had been built privately exceeded the number of post-war council houses. Private development is particularly active in the Wimborne and Cranborne rural district, where some 345 houses were completed during the year, bringing the total to 2,372. This puts the rural district council in second place only to the borough of Poole where, at 31st December, the number of private enterprise houses which had been built since April 1945 was 4,720.

The Housing (Financial Provisions) Act, 1958—The Improvement of Dwellings

A summary of the work undertaken by the rural district councils in connection with the conversion of buildings into dwellings and the improvement of dwellings, under provisions contained in the above-mentioned Act, is given in the appropriate table.

Altogether 237 schemes were approved affecting 298 private properties and this represents a decrease of 60 and 47 respectively on the figures for 1959. Schemes for the improvement of council-owned property were carried out by the Beaminster, Blandford, Sherborne and Wareham and Purbeck Rural District Councils, involving 87 dwellings of which 46 were in the Sherborne rural district.

Generally the improvements to private dwellings have been in respect of owner/occupied property, although in some cases estates have taken advantage of the grant provisions to carry out improvements to tenanted properties.

The rural districts in which most private dwellings were improved were:

Dorchester	49
Wimborne and Cranborne	47
Wareham and Purbeck	37

The House Purchase and Housing Act, 1959—Standard Grants

A summary of the work undertaken by the rural district councils in connection with standard grants is given in a table below.

It is worthy of note that the Beaminster, Dorchester and Sturminster rural district councils made use of the Act to provide standard amenities to council-owned dwellings, 57 properties being dealt with by Dorchester rural district council, 38 in Sturminster and four in the Beaminster rural districts. The total number of applications received during the year by the rural district councils in respect of private properties was 285, of which 251 were approved involving 258 dwellings.

As is the case in respect of discretionary grants most of the applications for standard amenity grants were in respect of owner/occupied dwellings and it is to be regretted that greater advantage has not been taken of the facilities afforded by the Act to provide amenities in tenanted dwellings, thereby raising the standard of housing for a much wider range of the population.

The rural districts in which most schemes for standard grants were approved were:

Wimborne and Cranborne	..	..	51
Dorchester	..	..	41
Bridport	..	..	38

Statistics

Permanent Houses completed in Dorset since 1st April, 1945

<i>Housing Authority</i>	<i>Position as at 31st December, 1959</i>				<i>Position as at 31st December, 1960</i>			
	<i>Under Construction</i>		<i>Completed</i>		<i>Under Construction</i>		<i>Completed</i>	
	<i>By Council</i>	<i>Privately</i>	<i>By Council</i>	<i>Privately</i>	<i>By Council</i>	<i>Privately</i>	<i>By Council</i>	<i>Privately</i>
<i>Boroughs:</i>								
Blandford Forum	—	1	310	40	—	1	312	43
Bridport	36	13	308	133	24	13	320	155
Dorchester	4	11	489	324	19	29	493	358
Lyme Regis	—	6	201	127	—	6	201	154
Poole	196	484	3,289	4,169	310	496	3,437	4,720
Shaftesbury	—	3	138	81	—	8	138	85
Wareham	4	17	135	101	—	21	147	138
Weymouth and Melcombe Regis	103	87	1,552	1,149	93	161	1,672	1,358
<i>Urban Districts:</i>								
Portland	24	6	404	109	—	5	452	113
Sherborne	17	1	310	48	4	14	334	49
Swanage	—	29	230	363	—	28	230	403
Wimborne Minster	32	5	119	43	61	2	143	47
<i>Rural Districts:</i>								
Beaminster	7	9	336	146	—	9	352	167
Blandford	6	25	426	220	21	25	432	264
Bridport	16	22	216	268	—	31	236	319
Dorchester	16	54	519	429	10	76	535	482
Shaftesbury	—	10	421	209	10	7	423	231
Sherborne	—	9	244	94	—	11	244	115
Sturminster	—	6	825	152	—	5	825	165
Wareham and Purbeck	48	42	817	760	46	41	847	886
Wimborne and Cranborne	3	130	784	2,027	2	110	805	2,372
Totals	512	970	12,073	10,992	600	1,099	12,578	12,624

Housing Act, 1957—Clearance Areas and Individual Unfit Houses

The following table summarizes the work undertaken by the district councils in connection with clearance areas and individual unfit houses, the figures being taken from the Ministry of Housing and Local Government returns.

During the year ended 30th September 1960, 181 individual unfit houses were either demolished or closed, of which 50 were in the Dorchester rural district. Compared with the previous year the number of individual unfit houses thus dealt with shows a marked decrease.

With regard to clearance areas, 82 properties were demolished or closed, 77 being in the borough of Poole and the remainder in the Sherborne urban district. Considerable work has been undertaken in Poole in connection with clearance areas and it is not surprising to find that practically ninety-four per cent of the properties dealt with during the period were in that borough.

Housing Authority	Houses in Clearance Areas and Unfit Houses Elsewhere			Houses in Clearance Areas and Unfit Houses Elsewhere		
	Included in orders confirmed 1.1.55— 31.12.59	Demolished or closed 1.1.55—30.9.59		Included in orders confirmed 1.1.55— 31.12.60	Demolished or closed 1.1.55—30.9.60	
		In clearance areas	Elsewhere		In clearance areas	Elsewhere
<i>Boroughs:</i>						
Blandford Forum	—	3	23	—	3	30
Bridport	22	—	43	22	—	49
Dorchester	62	64	70	62	64	87
Lyme Regis	—	1	8	—	1	10
Poole	405	152	66	541	229	86
Shaftesbury	8	11	8	8	11	8
Wareham	—	—	4	—	—	6
Weymouth and Melcombe Regis ..	40	38	76	40	38	85
<i>Urban Districts:</i>						
Portland	—	—	25	—	—	28
Sherborne	36	19	—	36	24	—
Swanage	—	—	1	—	—	1
Wimborne Minster ..	69	—	1	86	—	1
<i>Rural Districts:</i>						
Beaminster	10	22	20	10	22	34
Blandford	—	—	26	—	—	54
Bridport	7	2	2	7	2	2
Dorchester	8	8	65	8	8	115
Shaftesbury	—	9	81	—	9	84
Sherborne	—	2	24	—	2	30
Sturminster	—	8	36	—	8	38
Wareham and Purbeck ..	—	—	39	—	—	44
Wimborne and Cranborne	—	—	51	—	—	58
Totals	667	339	669	820	421	850

TABLE 1—VITAL STATISTICS

-622,844 Acres.	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
ation:—										
an Districts ..	183,500	183,600	185,800	188,070	188,700	188,400	188,700	187,500	189,600	192,540
al Districts ..	112,800	112,900	113,560	113,430	115,300	115,700	116,400	116,500	117,900	118,750
le County ..	296,300	296,500	299,360	301,500	304,000	304,100	305,100	304,000	307,500	311,290
le Value ..	£1,985,454	£2,022,864	£2,055,181	£2,094,569	£2,155,508	£3,660,710	£3,564,262	£3,606,673	£3,917,475	£4,043,967
ted Product of a										
enny Rate ..	£7,667	£7,958	£8,121	£8,300	£8,518	£14,593	£14,102	£14,366	£15,574	£16,286
Births ..	87	89	104	102	91	93	91	80	85	100
Births ..	4,387	4,241	4,354	4,297	4,172	4,213	4,312	4,485	4,518	4,817
egitimate ..	4,155	4,029	4,139	4,103	3,984	4,014	4,121	4,299	4,292	4,584
egitimate ..	232	212	215	194	188	199	191	186	226	233
ALS ..	4,474	4,330	4,458	4,399	4,263	4,306	4,403	4,565	4,603	4,917
Birth Rate (per										
000 population) ..	14.8	14.3	14.5	14.2	13.7	13.8	14.1	14.7	14.6	15.4
Birth Rate (per										
000 total births)	19.4	20.5	23.3	23.1	21.3	22.6	20.7	17.5	18.4	20.3
Birth Rate										
ngland & Wales)	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1
Deaths (all ages)	3,878	3,435	3,615	3,447	3,729	3,790	3,653	3,833	3,840	3,902
th Rate (per										
000 population) ..	13.0	11.5	12.0	11.4	12.2	12.5	11.9	12.6	12.4	12.5
th Rate (England										
d Wales) ..	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5
Mortality:—										
ths under 1 year										
age ..	116	100	104	98	104	103	86	84	79	96
egitimate ..	109	94	97	94	96	97	79	79	73	89
egitimate ..	7	6	7	4	8	6	7	5	6	7
ality Rate (per										
000 Legitimate										
ve births) ..	26.2	24.8	23.4	22.9	24.0	24.2	19.2	18.4	17.0	19.1
ality Rate (per										
000 Illegitimate										
ve births) ..	30.1	28.3	32.5	20.6	42.5	30.2	36.7	26.9	26.5	30.0
ality Rate										
er 1,000 live										
ths) ..	26	23	23	22	24.9	24.5	20.0	18.7	17.4	19.9
ality Rate										
ngland & Wales)	29	27	26	25.5	24.9	23.8	23.1	22.5	22.0	21.7
al Mortality:—										
ernal Deaths ..	3	4	5	†3	1	2	—	3	2	2
ernal Mortality										
ate (per 1,000										
ths) ..	0.67	0.92	1.1	0.68	0.23	0.47	—	0.6	0.43	0.4
BERCULOSIS.										
forms ..	57	62	45	41	30	27	29	19	16	15
th-rate per 1,000										
opulation ..	0.19	0.20	0.15	0.13	0.09	0.08	0.09	0.06	0.05	0.04
onary ..	47	57	39	37	28	24	24	15	14	12
th-rate per 1,000										
opulation ..	0.16	0.19	0.13	0.12	0.09	0.07	0.07	0.04	0.04	0.03
-Pulmonary ..	10	5	6	4	2	3	5	4	2	3
th-rate per 1,000										
opulation ..	0.03	0.01	0.02	0.01	0.006	0.009	0.01	0.01	0.006	0.009
ations:—										
forms ..	266	217	209	175	155	214	166	148	151	141
onary ..	225	177	163	146	135	184	148	136	131	116
-Pulmonary ..	41	40	46	29	20	30	18	12	20	25
ation Register as										
31st December:—										
forms ..	1,448	1,564	1,667	1,634	1,632	1,719	1,775	1,817	1,886	1,905
onary:										
ales ..	647	697	750	773	794	835	867	902	928	961
emales ..	493	534	582	597	613	657	693	707	749	746
-Pulmonary:										
ales ..	165	175	178	135	107	105	97	94	94	89
emales ..	143	158	157	129	118	122	118	114	115	109

† Includes one at age 45 where the interval between maternal condition and death was stated to exceed 12 months.



TABLE 2—VITAL STATISTICS IN ADMINISTRATIVE AREAS

Please leave open when referring to Tables 2, 3 and 4.

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County, 1960	Comparable Totals, 1959	Blandford Forum M.B.		Bridport M.B.		Dorchester M.B.		Lyme Regis M.B.		Porland U.D.		Shaftesbury M.B.		Sherborne U.D.		Swanage U.D.		Wareham M.B.		Weymouth M.B.
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, respiratory	6	3	2	1	12	14	—	—	1	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—
2. Tuberculosis, other	—	1	1	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
3. Syphilitic disease	3	—	—	—	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	3	—	—	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	22	25	21	17	85	75	—	1	—	3	1	5	—	1	1	—	1	—	1	—	2	—	2	—	2
11. Malignant neoplasm, lung, bronchus	74	10	36	5	125	130	—	—	3	—	—	—	—	2	—	2	—	2	—	—	4	—	2	—	2
12. Malignant neoplasm, breast	—	49	—	25	74	82	—	1	—	2	—	4	—	—	—	—	—	—	—	—	1	—	—	—	—
13. Malignant neoplasm, uterus	—	12	—	13	25	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	145	119	55	67	386	384	2	—	3	6	12	5	5	1	4	1	3	2	9	7	2	6	4	3	31
15. Leukaemia, aleukaemia	4	1	7	5	17	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Diabetes	7	11	1	8	27	25	—	—	—	—	1	1	—	1	—	1	—	1	—	1	1	1	—	1	—
17. Vascular lesions of nervous system	130	211	106	130	577	567	1	4	5	9	11	23	2	5	9	6	2	8	5	5	8	7	8	2	8
18. Coronary disease, angina	279	160	139	94	672	642	6	5	5	1	21	7	5	2	13	6	8	5	4	5	9	5	4	4	53
19. Hypertension with heart disease	27	30	12	18	87	63	—	—	1	3	2	—	—	1	—	—	—	—	—	—	2	—	1	—	4
20. Other heart disease	155	239	103	134	631	609	4	11	8	11	9	15	—	8	4	13	1	3	4	1	14	13	3	8	38
21. Other circulatory disease	64	79	34	35	212	211	1	3	1	—	—	4	—	—	3	1	—	4	—	4	6	5	2	2	9
22. Influenza	1	1	—	2	4	79	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	54	45	28	21	148	158	1	—	3	1	9	1	—	—	2	3	1	—	1	—	1	4	1	3	12
24. Bronchitis	60	23	36	13	132	101	3	1	1	—	1	1	—	—	4	1	1	—	—	—	1	1	1	—	15
25. Other diseases of respiratory system	22	15	15	5	57	34	—	1	—	1	5	4	—	—	1	—	—	—	3	1	—	—	1	—	—
26. Ulcer of stomach and duodenum	13	12	3	7	35	33	1	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
27. Gastritis, enteritis and diarrhoea	5	7	1	2	15	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	12	6	5	3	26	35	—	—	1	1	1	—	—	—	—	—	—	—	2	—	—	1	—	—	—
29. Hyperplasia of prostate	25	—	11	—	36	42	—	—	2	—	—	—	—	—	1	—	—	—	—	—	4	—	—	—	—
30. Pregnancy, childbirth, abortion	—	1	—	1	2	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—
31. Congenital malformations	18	6	5	8	37	26	1	—	—	—	2	1	—	—	2	—	1	—	—	1	6	5	1	8	19
32. Other defined and ill-defined diseases	83	107	49	80	319	287	—	—	4	6	5	14	1	3	7	6	3	3	2	6	—	—	—	—	4
33. Motor vehicle accidents	18	7	12	8	45	51	—	—	—	1	1	—	—	1	1	1	—	—	—	1	1	—	—	—	—
34. All other accidents	16	30	10	10	66	66	—	1	—	3	1	3	—	—	3	—	—	—	—	1	1	1	—	—	—
35. Suicide	20	12	4	1	37	30	1	—	1	—	1	—	—	—	2	1	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war	1	1	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Causes	1,265	1,226	696	715	3,902	3,840	21	29	39	51	92	84	17	24	61	48	21	30	38	47	64	55	25	42	261
Deaths of infants under 1 year:—																									
Total	38	20	21	17	96	79	1	—	1	—	2	—	—	—	3	5	—	1	—	1	3	—	1	—	10
Legitimate	34	20	19	16	89	73	1	—	—	—	2	—	—	—	3	5	—	1	—	1	3	—	—	—	8
Illegitimate	4	—	2	1	7	6	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Live Births:—																									
Total	1,488	1,377	982	970	4,817	4,518	37	30	43	44	84	84	22	14	92	83	23	24	50	37	50	29	32	13	354
Legitimate	1,404	1,306	946	928	4,584	4,292	34	27	39	41	83	82	22	13	90	81	23	21	48	34	47	27	30	13	335
Illegitimate	84	71	36	42	233	226	3	3	4	3	1	2	—	1	2	2	—	3	2	3	3	2	2	—	19
Still Births:—																									
Total	30	33	21	16	100	85	—	2	3	3	—	2	—	—	2	3	—	—	2	—	—	1	2	1	9
Legitimate	29	32	20	16	97	75	—	2	3	3	—	2	—	—	2	2	—	—	2	—	—	—	—	—	8
Illegitimate	1	1	1	—	3	10	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Estimated 'Home' population, 1960 (which includes non-civilians)	192,540		118,750		311,290	—	3,290		6,580		12,590		3,180		13,310		3,410		7,240		7,200		2,900		384
Estimated 'Home' population, 1959 (which includes non-civilians)	189,600		117,900		—	307,500	3,250		6,610		11,660		3,180		12,600		3,410		7,220		7,180		2,840		379

	Poole M.B.		Beaminster R.D.		Blandford R.D.		Bridport R.D.		Dorchester R.D.		Shaftesbury R.D.		Sherborne R.D.		Sturminster R.D.		Wareham and Purbeck R.D.		Wimborne and Cranborne R.D.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	2	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	13	9	2	—	4	1	2	2	5	2	—	—	—	1	—	3	2	1	6	—
	37	6	—	—	1	1	3	3	5	—	3	1	—	—	3	—	5	—	16	—
	—	21	—	—	—	1	—	1	—	—	—	5	—	1	—	2	—	4	—	—
	—	8	—	—	—	1	—	2	—	6	—	1	—	—	—	—	—	—	—	—
1	69	56	4	6	1	6	4	5	8	9	5	4	1	2	5	2	12	13	15	2
	2	—	1	1	—	—	—	—	3	—	—	—	—	—	—	2	1	1	2	—
	3	4	—	1	—	1	—	1	—	1	—	—	—	1	—	1	1	2	—	—
2	57	82	7	4	10	8	7	8	23	25	7	11	5	6	12	25	15	16	20	2
	144	86	11	5	11	5	7	9	20	10	6	9	9	3	13	8	25	10	37	3
1	10	15	1	1	1	—	3	—	2	7	—	1	1	3	—	—	2	—	2	—
4	70	107	14	11	10	14	7	13	13	36	9	7	6	2	14	9	10	13	20	2
3	37	40	3	2	3	—	3	3	3	6	2	3	1	1	6	8	4	1	9	1
	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	21	22	2	2	2	—	3	1	6	5	2	2	2	—	2	1	2	3	7	—
	33	14	2	1	3	1	2	1	10	—	1	—	1	—	5	3	5	2	7	—
	9	3	3	1	—	—	—	—	4	1	1	1	—	—	—	—	3	1	4	—
	7	5	—	1	—	—	—	—	2	1	—	1	—	—	—	2	—	—	1	—
	2	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	7	3	—	—	—	—	—	—	1	1	—	—	1	1	—	—	1	—	2	—
	12	—	1	—	—	—	—	—	3	—	3	—	—	—	2	—	1	—	1	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
	11	1	—	1	—	—	—	1	2	—	—	—	—	—	—	2	2	2	1	—
4	35	34	5	8	2	4	1	6	8	12	7	8	3	3	—	9	4	14	19	1
	12	4	1	—	—	—	—	1	1	2	1	—	—	—	1	—	5	—	3	—
1	6	16	—	—	—	1	—	—	3	3	—	1	—	—	1	—	4	2	2	—
	5	6	—	—	—	—	—	—	1	1	—	—	1	—	—	—	1	—	1	—
	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	605	553	58	46	48	45	42	57	124	131	47	55	31	25	64	78	106	86	176	19
1	17	8	3	1	—	2	—	1	5	1	3	2	1	1	—	2	1	4	8	—
1	16	8	3	1	—	2	—	1	5	1	3	1	1	1	—	2	—	4	7	—
	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—
24	680	678	68	56	94	102	49	58	155	133	77	82	46	42	67	82	193	193	233	22
23	632	641	65	53	91	98	48	57	148	124	74	79	45	42	67	81	181	186	227	20
1	48	37	3	3	3	4	1	1	7	9	3	3	1	—	—	1	12	7	6	1
1	12	12	—	1	3	—	1	1	1	4	1	2	1	—	4	1	4	3	6	—
1	12	12	—	1	3	—	1	1	1	4	1	2	1	—	4	1	4	3	5	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
	90,160		8,100		12,490		7,650		17,460		9,920		5,810		9,770		21,240		26,310	
	89,400		8,080		12,750		7,580		17,330		9,840		5,760		9,740		21,100		25,720	

TABLE 3—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF DORSET

Aggregate of Urban Districts

	0—		1—		5—		15—		25—		45—		65—		75—	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	1	1	1	1	4	1	—	—
2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—
10	—	—	—	—	—	—	—	—	1	7	3	8	8	7	13	5
11	—	—	—	—	—	—	—	—	—	45	3	21	2	8	—	—
12	—	—	—	—	—	—	—	—	3	—	26	7	7	—	13	1
13	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—
14	—	—	—	—	1	—	3	1	4	4	34	31	49	36	54	47
15	—	—	—	—	—	—	—	—	—	1	—	1	1	2	—	—
16	—	—	—	—	—	—	—	—	—	—	4	4	1	3	6	—
17	—	—	—	—	—	—	—	—	2	—	25	19	38	45	65	147
18	—	—	—	—	—	—	—	—	3	—	92	21	91	53	93	86
19	—	—	—	—	—	—	—	—	—	3	3	9	9	15	18	—
20	—	—	1	—	—	—	—	—	—	1	16	11	33	33	105	194
21	—	—	—	—	—	—	—	—	—	1	15	7	18	19	31	52
22	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
23	5	3	3	1	—	—	—	—	2	1	3	2	11	11	30	27
24	1	1	—	—	—	—	—	—	2	—	14	2	20	8	23	12
25	—	—	—	—	—	—	—	—	2	—	6	2	8	2	6	11
26	—	—	—	—	—	—	—	—	1	—	2	2	4	3	6	7
27	2	—	1	2	—	—	—	—	—	—	1	2	1	—	3	—
28	—	—	—	—	1	—	—	—	—	—	5	2	5	1	1	3
29	—	—	—	—	—	—	—	—	—	—	2	—	8	—	15	—
30	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
31	9	4	2	2	—	—	2	—	3	—	1	—	—	—	1	—
32	19	12	1	—	2	3	—	—	3	1	19	10	17	22	22	59
33	—	—	—	1	2	1	1	1	2	—	7	1	2	3	4	—
34	1	—	2	—	—	—	4	—	3	2	1	7	—	4	5	17
35	—	—	—	—	—	—	—	—	5	3	10	5	3	2	2	2
36	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
	38	20	10	6	7	4	10	3	33	23	312	172	357	274	498	724

TABLE 3 (cont)

Aggregate of Rural Districts

0—		1—		5—		15—		25—		45—		65—		75—		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
—	—	—	—	—	—	—	—	—	—	4	3	8	2	9	12	10
—	—	—	—	—	—	—	—	—	1	18	1	16	3	2	—	11
—	—	—	—	—	—	—	—	—	—	—	10	—	7	—	8	12
—	—	—	—	—	—	—	—	—	—	—	5	—	3	—	5	13
—	—	1	1	—	2	1	1	2	1	11	23	20	16	20	23	14
—	—	—	—	1	1	—	—	—	—	—	3	3	—	3	1	15
—	—	—	—	—	1	—	—	—	—	—	—	—	3	1	4	16
—	—	—	—	—	—	—	—	—	1	17	15	34	34	55	80	17
—	—	—	—	—	—	1	—	3	1	37	10	50	37	48	46	18
—	—	—	—	—	—	—	—	—	—	—	1	8	8	4	9	19
—	—	—	—	1	—	—	—	2	2	7	10	17	23	76	99	20
—	—	—	—	—	—	—	—	1	1	11	4	7	5	15	25	21
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	22
3	1	—	—	—	—	—	—	2	—	4	1	1	4	18	15	23
2	—	—	—	—	—	—	—	—	—	9	1	14	8	11	4	24
—	—	—	—	—	—	—	—	—	—	2	1	4	—	9	4	25
—	—	—	—	—	—	—	—	—	—	2	—	1	3	—	4	26
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	27
—	—	—	—	—	—	—	—	1	—	1	2	2	—	1	1	28
—	—	—	—	—	—	—	—	—	—	1	—	3	—	7	—	29
—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	30
2	5	1	—	—	—	—	—	1	—	1	2	—	1	—	—	31
14	10	—	1	—	—	—	1	1	2	9	9	8	14	17	43	32
—	—	—	—	—	—	4	—	2	—	5	5	—	2	1	1	33
—	—	1	1	3	—	1	—	1	—	3	—	—	3	1	6	34
—	—	—	—	—	—	1	—	—	—	—	—	2	1	1	—	35
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
21	17	3	3	5	4	8	2	18	10	143	107	198	178	300	394	

TABLE 4—CAUSES OF DEATH AT ALL AGES.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
1	47	57	39	37	28	24	24	15	14	12
2	10	5	6	4	2	3	5	4	2	3
3	11	9	4	12	9	3	11	7	4	3
4	—	—	—	—	—	—	—	—	—	—
5	3	—	1	1	—	1	1	—	—	—
6	2	—	1	1	1	1	—	—	—	2
7	2	1	2	2	3	1	1	—	1	—
8	2	—	1	—	5	—	—	—	1	—
9	7	9	7	4	—	4	8	8	9	3
10	80	88	90	100	93	101	77	101	75	85
11	71	93	83	82	107	101	101	130	130	125
12	67	64	69	69	50	60	76	75	82	74
13	29	20	28	20	23	24	26	20	30	25
14	306	323	373	341	339	380	358	363	384	386
15	20	21	20	10	17	18	21	26	23	17
16	27	19	25	20	27	33	16	21	25	27
17	530	527	513	559	575	581	546	603	567	577
18	488	505	519	469	582	610	593	611	642	672
19	88	81	68	69	76	73	64	74	63	87
20	820	627	659	606	665	647	607	677	609	631
21	175	150	161	183	177	166	173	168	211	212
22	95	6	56	7	19	23	49	17	79	4
23	160	97	123	124	140	182	146	137	158	148
24	145	85	131	102	115	101	103	153	101	132
25	42	36	41	35	32	48	50	34	34	57
26	33	30	37	44	41	31	33	38	33	35
27	14	10	19	14	14	22	27	13	22	15
28	50	54	39	46	36	31	36	30	36	26
29	53	47	39	36	29	44	43	38	42	36
30	3	4	5	3	1	2	—	3	2	2
31	36	33	21	27	31	29	32	39	26	37
32	329	322	305	279	333	309	290	298	287	319
33	31	23	30	26	31	32	38	38	51	45
34	64	53	55	73	94	69	65	66	66	66
35	36	35	40	41	27	31	33	26	30	37
36	2	1	5	1	7	5	—	—	1	2

TABLE 5—NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Scarlet Fever	172	125	188	184	72	107	113	147	227	140
Whooping Cough	1,492	866	1,125	878	591	373	870	262	161	110
Diphtheria (including Membranous Croup) ..	—	1	—	1	—	—	1	—	1	1
Measles (excluding Rubella) ..	4,709	950	4,900	102	4,944	1,653	2,663	2,604	3,350	1,702
Acute Pneumonia (Primary or Influenzal)	307	191	296	211	166	141	173	124	190	89
Meningococcal Infection	4	5	5	4	5	7	5	3	4	1
Acute Poliomyelitis	33	24	150	27	50	11	10	8	3	1
Acute Polioencephalitis										
Acute Encephalitis	1	—	2	2	3	2	3	4	—	1
Dysentery	192	115	68	68	13	63	2	4	112	238
Ophthalmia Neonatorum	4	1	1	1	7	2	6	1	4	6
Puerperal Pyrexia	44	80	76	58	65	60	59	51	50	62
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	3	3	1	16	1	—	—	—	2
Enteric or Typhoid Fever (excluding Paratyphoid) ..	1	—	2	—	—	—	1	—	1	1
Food Poisoning (excluding Dysen- tery, Typhoid and Paratyphoid) }	34	18	23	35	63	191	29	210	48	24
Erysipelas	63	43	40	46	50	33	22	37	19	23
Malaria—Believed to be contracted in this country	—	—	—	—	—	—	—	—	—	—
Malaria—Believed to be contracted abroad	2	8	5	2	4	5	2	1	—	—
Malaria—Induced in Institutions ..	—	—	—	—	—	—	—	—	—	—

TABLE 6—ANTE-NATAL CLINICS, 1960

Name of Clinic	Average Attendance per session	New Cases	Attendances	No. of Openings.
<i>Midwives' Session:</i>				
Branksome	14.2	325	1,418	99
Broadstone	13.8	122	427	31
Burlea Towers	9	185	917	101
Market Street	9	41	225	25
Hamworthy	13.3	83	358	27
Oakdale	10.1	104	507	50
Wallisdown	10	117	514	51
TOTALS		977	4,366	384

TABLE 7—SUMMARY OF ANTE-NATAL AND POST-NATAL CLINICS, 1956—1960

Name of Clinic	1956			1957			1958			1959			1960		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
<i>Midwives' Sessions:</i>															
Branksome ..	1,058	71	14.9	1,099	79	13.9	1,314	101	13.0	1,114	102	10.9	1,418	99	14.3
Broadstone ..	—	—	—	—	—	—	—	—	—	71	10	7.1	427	31	13.8
Burlea Towers ..	360	46	7.8	610	50	12.2	666	60	11.1	1,000	101	9.9	917	101	9.1
Market Street ..	—	—	—	—	—	—	—	—	—	140	24	5.8	225	25	9.0
Hamworthy ..	529	52	10.2	511	52	9.8	529	53	9.8	367	44	8.3	358	27	13.2
Oakdale ..	—	—	—	—	—	—	—	—	—	324	30	10.8	507	50	10.1
Wallisdown ..	227	17	13.3	450	36	12.0	558	52	10.7	456	51	8.9	514	51	10.1
TOTALS ..	2,804	237	—	3,298	269	—	3,899	318	—	3,754	384	—	4,366	384	—

TABLE 8—ATTENDANCES AT WELFARE CENTRES DURING 1960

Centre	Average Attendance per Session	New Cases				Attendances					Number of Openings
		Born in				Under 1 year	Under 1 year	1—2 years	2—5 years	Totals	
		1960	1959	1955-58	Totals						
Minster ..	24.7	38	29	52	119	44	323	115	157	595	24
ndford ..	32	58	49	52	159	76	544	110	114	768	24
ndford Camp ..	44.2	73	52	81	206	83	1,121	483	564	2,168	49
ington Camp ..	28.9	47	20	11	78	59	494	164	36	694	24
dford Abbas ..	30	15	26	50	91	20	266	122	334	722	24
lport ..	26.8	70	50	70	190	78	829	311	221	1,361	51
armouth ..	12.7	10	5	13	28	13	53	56	44	153	12
fe Mullen ..	30.9	21	9	13	43	23	191	88	92	371	12
chester ..	33.2	193	153	124	470	219	1,954	290	315	2,559	77
ndown ..	30.8	50	9	25	84	53	415	203	123	741	24
ingham ..	32.1	51	25	21	97	71	890	310	474	1,674	52
ndley ..	14.7	10	16	16	42	9	83	45	49	177	12
worth Camp ..	14.0	15	11	6	32	21	96	25	34	155	11
ne Regis ..	16.9	20	18	32	70	24	208	65	107	380	23
dford ..	49	30	39	46	115	48	289	161	139	589	12
ftesbury ..	16	52	53	53	158	62	501	107	228	836	52
rborne ..	60.5	116	114	187	417	152	2,043	509	599	3,151	52
minster Newton ..	17	37	12	2	51	46	503	135	165	803	53
inage ..	34.6	77	87	104	268	103	1,140	306	357	1,803	52
orncombe ..	17.7	9	10	32	51	12	61	54	98	213	12
on ..	45.8	45	53	65	163	57	619	225	210	1,054	23
wood ..	22.0	28	29	40	97	32	314	142	74	530	24
reham ..	40.9	91	61	66	218	108	1,328	443	358	2,129	52
st Moors ..	20.9	38	5	15	58	41	366	69	68	503	24
st Parley ..	18.6	18	3	11	32	20	248	114	86	448	24
nborne ..	41.6	93	48	60	201	103	1,214	300	654	2,168	52
ol ..	21.0	32	18	32	82	46	311	95	99	505	24
Poole Area											
inksome ..	38.2	263	142	142	547	233	3,290	698	602	4,590	120
adstone ..	34.6	72	33	31	136	77	878	393	429	1,700	52
ford Magna ..	24.2	18	19	18	55	21	108	82	101	291	12
ekmoor ..	18.4	35	15	37	87	29	206	83	116	405	22
nworthy ..	28.4	89	66	169	324	102	1,129	380	483	1,992	70
ngfleet ..	31.3	36	41	74	151	40	407	208	137	752	24
ver Parkstone ..	22.8	80	52	20	152	66	600	205	118	923	36
vtown ..	31.5	89	96	152	337	98	891	339	282	1,512	48
dale ..	58.2	126	123	183	432	151	2,195	363	473	3,031	52
Town ..	33.2	70	64	108	242	83	1,060	362	309	1,731	52
smore ..	32.8	81	48	33	162	86	942	357	278	1,577	48
Aldhelm's ..	31.2	36	46	50	132	37	359	156	235	750	24
lisdown ..	43.6	115	129	249	493	142	1,387	387	550	2,324	51
terloo ..	29.5	63	51	76	190	71	642	250	288	1,180	40
South Dorset Area											
adwey ..	23.7	71	30	84	185	74	903	197	224	1,324	48
ckerell ..	14.0	16	13	25	54	17	210	66	48	324	23
ehouse ..	20.9	30	29	33	92	36	321	118	64	503	24
land Tophill ..	54.7	100	77	167	344	111	1,925	521	348	2,794	51
land Underhill ..	48.1	111	78	102	291	116	1,664	519	272	2,455	51
ston ..	29.0	34	13	52	99	40	436	134	126	696	24
ymouth ..	42.3	265	189	70	524	318	3,691	436	237	4,364	103
ke Regis ..	40.9	192	70	86	348	158	2,274	389	200	2,863	70
TOTALS ..		3,329	2,428	3,240	8,997	3,729	41,922	11,690	11,719	65,331	1,920

WELFARE CENTRES

TABLE 9—SUMMARY OF ATTENDANCES AT WELFARE CENTRES, 1956—1960

Name of Centre	1956			1957			1958			1959			1960		
	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session	Total Attend-ances	No. of Openings	Average Attendance per Session
Beaminster ..	439	24	18.0	539	23	23.4	597	23	26.0	543	23	23.6	595	24	24.8
Bere Regis ..	95	12	7.9	—	—	—	—	—	—	—	—	—	—	—	—
Blackdown ..	153	10	15.3	126	10	12.6	—	—	—	—	—	—	—	—	—
Blandford ..	469	24	19.5	675	23	29.3	604	23	26.2	533	24	22.2	768	24	32.0
Blandford Garrison	1,351	50	27.0	1,812	49	37.0	2,241	48	46.7	2,357	47	50.1	2,168	49	44.2
Bovington Camp ..	927	21	44.1	1,198	22	54.5	1,102	22	50.0	1,162	24	40.8	694	24	28.8
Bradford Abbas ..	401	21	19.0	459	24	19.1	413	24	17.1	569	24	23.7	722	24	30.0
Bridport ..	1,139	51	22.3	1,021	50	20.4	1,326	53	25.0	1,095	50	21.9	1,361	51	26.8
Charmouth ..	170	12	14.2	147	12	12.2	153	12	12.7	170	12	14.1	153	12	12.7
Corfe Mullen ..	—	—	—	127	8	15.8	303	16	18.9	433	12	36.0	371	12	30.9
Dorchester ..	2,777	74	37.5	2,315	74	31.3	2,872	74	38.8	2,924	73	40.0	2,559	77	33.2
Ferndown ..	948	24	39.9	805	24	33.5	752	25	30.0	752	24	31.3	741	24	30.8
Gillingham ..	276	23	12.0	303	21	14.4	910	42	20.6	1,590	52	30.5	1,674	52	32.1
Handley ..	187	12	15.6	168	12	14.0	222	12	18.5	257	12	21.4	177	12	14.7
Lulworth Camp ..	163	11	14.8	150	10	15.0	230	12	19.3	168	12	14.0	155	11	14.0
Lyme Regis ..	245	22	11.1	303	24	12.6	499	24	20.8	378	24	15.7	380	23	16.9
Milton Abbas ..	90	12	5.8	80	12	6.7	—	—	—	—	—	—	—	—	—
Sandford ..	—	—	—	—	—	—	210	12	25.6	427	12	35.5	589	12	49.0
Shaftesbury ..	461	24	19.2	506	24	21.0	1,132	40	28.2	1,070	51	21.0	836	52	16.0
Sherborne ..	2,476	51	48.5	2,438	51	47.8	2,713	52	52.1	2,647	52	50.9	3,151	52	60.5
Sturminster Newton ..	426	23	18.5	249	23	10.8	478	35	13.7	649	50	13.0	803	53	17.0
Swanage ..	1,290	51	25.3	1,398	50	27.9	1,558	50	31.6	2,041	50	40.8	1,803	52	34.6
Tarrant Rushton ..	158	11	14.4	91	9	10.0	—	—	—	—	—	—	—	—	—
Thorncombe ..	—	—	—	—	—	—	200	12	16.7	202	12	16.8	213	12	17.7
Upton ..	938	30	31.3	992	46	21.4	793	22	36.0	845	21	40.2	1,054	23	45.8
Verwood ..	518	24	21.6	416	23	18.0	555	24	23.1	587	24	24.4	530	24	22.0
Wareham ..	2,110	51	41.4	1,977	51	38.8	2,198	51	43.0	2,155	50	43.1	2,129	52	40.9
West Moors ..	—	—	—	—	—	—	—	—	—	195	7	27.8	503	24	20.9
West Parley ..	64	6	10.7	436	24	18.0	507	24	21.1	460	24	19.1	448	24	18.6
Wimborne ..	2,048	51	40.2	2,273	52	43.7	2,590	52	49.8	2,211	52	41.7	2,168	52	41.6
Wool ..	737	24	30.7	626	24	26.0	679	24	28.2	529	24	22.0	505	24	21.0
<i>Poole Area</i>															
Branksome ..	3,834	102	37.6	4,169	109	38.2	4,621	123	37.5	4,628	122	29.7	4,590	120	38.2
Broadstone ..	1,003	24	41.8	1,257	29	43.3	3,240	51	64.8	2,288	52	44.0	1,700	52	34.6
Canford Magna ..	251	12	20.9	209	12	17.4	293	12	24.4	288	12	24.0	291	12	24.2
Creekmoor ..	607	23	26.4	594	23	25.8	631	24	26.2	655	23	28.4	405	22	18.4
Hamworthy ..	1,530	51	30.0	2,178	63	34.6	2,699	82	32.9	2,311	82	28.1	1,992	70	28.4
Longfleet ..	881	24	36.7	935	24	39.0	1,224	24	51.0	947	24	39.4	752	24	31.3
Lower Parkstone ..	787	24	32.8	966	26	37.2	795	35	22.7	900	35	25.7	923	36	22.8
Newtown ..	1,217	47	25.9	1,849	47	39.1	1,341	47	28.5	1,604	47	34.1	1,512	48	31.5
Oakdale ..	1,236	24	51.5	978	23	42.5	1,293	28	46.1	1,888	43	43.9	3,031	52	58.2
Old Town ..	1,276	51	25.0	1,342	51	26.3	1,977	55	35.9	1,985	52	38.1	1,731	52	33.2
Rossmore ..	1,677	48	34.9	1,712	47	36.4	1,815	47	38.6	1,679	47	35.7	1,577	48	32.8
St. Aldhelms ..	546	24	22.8	692	24	28.8	707	24	29.4	785	24	32.7	750	24	31.2
Wallisdown ..	988	24	41.2	1,634	36	45.4	2,655	51	52.0	2,154	53	40.6	2,324	51	43.6
Waterloo ..	1,771	50	35.4	1,639	39	42.0	1,833	41	44.7	1,466	40	36.6	1,180	40	29.5
<i>South Dorset Area</i>															
Broadway ..	1,557	48	32.4	1,143	49	23.3	1,358	50	27.1	1,099	48	22.9	1,324	48	23.7
Chickereil ..	537	24	22.4	520	24	21.7	419	23	18.2	332	24	13.8	324	23	14.0
Lanehouse ..	601	24	25.0	547	24	22.8	587	23	25.5	565	22	25.6	503	24	20.9
Portland Tophill ..	2,187	55	39.8	2,063	50	41.3	2,089	48	43.5	2,428	46	52.8	2,794	51	54.7
Portland Underhill ..	2,936	52	56.5	2,570	53	48.5	1,755	49	35.8	2,128	51	41.7	2,455	51	48.1
Preston ..	486	51	9.5	385	51	7.6	358	49	7.3	412	24	17.1	696	24	29.0
Weymouth ..	3,946	104	37.9	4,143	104	39.8	3,898	103	37.8	4,227	104	40.6	4,364	103	42.3
Wyke Regis ..	3,866	102	37.9	3,669	102	36.0	3,127	103	30.3	2,710	64	42.3	2,863	70	40.9
TOTALS ..	54,756	1,737	—	56,824	1,785	—	64,652	1,900	—	64,428	1,881	—	65,331	1,920	—

TABLE 10—MIDWIFERY NURSING STAFF, 1956—1960

	1956		1957		1958		1959		1960	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Administrative	—	4	—	4	—	4	—	4	—	5
Queen's Nurse, State Certified Midwife	—	41	1	36	—	34	—	34	—	39
State Registered Nurse, State Certified Midwife ..	12	4	10	6	13	7	14	9	16	7
State Certified Midwife	—	6	1	7	2	7	2	7	1	7
Equivalent whole-time midwifery nursing staff (omitting administrative staff)	38.0		38.0		38.5		41		43.5	
Midwifery training completed in conjunction with the West Dorset Group Hospital Management Committee, arranged through Dorset County Council	20		19		23		20		17	

TABLE 11—DETAILS OF MIDWIVES PRACTISING IN THE AREA OF THE LOCAL SUPERVISING AUTHORITY
AT THE END OF EACH YEAR FROM 1956—1960

	Domiciliary Midwives					Midwives in Institutions					Totals				
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
Midwives employed by the Authority	14	13	14	67	71	—	—	—	—	—	14	13	14	67	71
Midwives employed by Voluntary Organisations:—															
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	51	49	48	—	—	—	—	—	—	—	51	49	48	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	48	49	51	55	52	48	49	51	55	52
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	3	7	6	1	1	4	5	6	3	3	7	12	12	4	4
TOTALS ..	68	69	68	68	72	52	54	57	58	55	120	123	125	126	127

TABLE 12—SUMMARY OF MIDWIFERY CASES ATTENDED, 1956—1960

<i>Cases attended by midwives in the employment of:—</i>				<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>
The County Council:	Domiciliary	} Midwifery Maternity	696 130	675 132	858 142	1,377 407	1,467 479	
The County Nursing Association:	Domiciliary		} Midwifery Maternity	488 276	536 253	636 255	— —	— —
	Institutional	} Midwifery Maternity		— —	— —	— —	— —	
	Hospitals:		Domiciliary	} Midwifery Maternity	— —	— —	— —	— —
		Institutional	} Midwifery Maternity		1,752 649	1,932 520	1,708 539	1,802 571	1,736 663
Midwives in Private Practice (including midwives employed in Nursing Homes):		Domiciliary		} Midwifery Maternity	— 12	3 11	— 7	1 5	6 8
		Institutional	} Midwifery Maternity		38 10	34 10	28 5	29 2	30 3
	TOTALS			4,051	4,106	4,178	4,194	4,392

TABLE 13—HEALTH VISITING STAFF, 1956—1960

Employed by (1)	Number of Health Visitors employed at end of year										Equivalent Whole-time Health Visitor services provided under Col. (3) (all classes including attendance at Child Welfare Centres) (4)				
	Whole-time on Health Visiting (2)					Part-time on Health Visiting (3)									
	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960	1956	1957	1958	1959	1960
Local Health Authority ..	2	2	3	4	5	37	39	41	40	41	28 $\frac{2}{11}$	29 $\frac{7}{11}$	29 $\frac{1}{11}$	29 $\frac{1}{11}$	29 $\frac{9}{11}$

TABLE 14—NUMBER OF CHILDREN AT 31.12.60 WHO HAD COMPLETED A COURSE OF DIPHTHERIA IMMUNISATION
AT ANY TIME BEFORE THAT DATE

	Children under 5 years of age at 31.12.60						Estimated mid-year population, 1960 Children 0—4 years	Children 5—15 years of age at 31.12.60			Estimated mid-year population, 1960 Children 5—15 years	Total Number of Children under 15 years immunised
	Under 1	1	2	3	4	Totals		5—9	10—14	Totals		
Amminster R.D. ..	15	93	89	26	4	227	21,900	478	782	1,260	47,500	1,487
Andford B. ..	21	57	38	42	60	218		247	331	578		796
Andford R.D. ..	27	119	124	113	122	505		694	776	1,470		1,975
Ashted B. ..	27	68	66	60	2	223		398	573	971		1,194
Ashted R.D. ..	23	61	72	67	74	297		332	502	834		1,131
Beaconsfield B. ..	36	120	93	107	106	482		542	804	1,346		1,828
Beaconsfield R.D. ..	74	159	147	129	155	664		931	1,166	2,097		2,761
Beaconsfield Regis B. ..	19	28	33	32	31	143		123	196	319		462
Beaconsfield B. ..	11	32	36	28	18	125		97	221	318		443
Beaconsfield R.D. ..	40	109	108	90	101	448		496	802	1,298		1,746
Beaconsfield U.D. ..	40	50	57	66	47	260		348	558	906		1,166
Beaconsfield R.D. ..	32	89	70	60	77	328		312	595	907		1,235
Beaconsfield R.D. ..	37	100	106	83	75	401		495	775	1,270		1,671
Beaconsfield U.D. ..	23	52	42	44	49	210		295	445	740		950
Beaconsfield B. ..	21	51	30	28	35	165		227	229	456		621
Beaconsfield R.D. ..	78	246	216	193	212	945		1,122	1,471	2,593		3,538
Beaconsfield U.D. ..	31	43	49	45	48	216		248	289	537		753
Beaconsfield R.D. ..	162	353	276	285	234	1,310		1,236	1,595	2,831		4,141
Beaconsfield B. ..	270	883	877	801	847	3,678		4,707	6,460	11,167		14,845
Beaconsfield B. ..	235	529	449	420	449	2,082		2,113	3,488	5,601		7,683
Beaconsfield U.D. ..	37	134	132	131	140	574		578	1,204	1,782		2,356
TOTALS ..	1,279	3,376	3,110	2,850	2,886	13,501	21,900	16,019	23,262	39,281	47,500	52,782

Percentage of children under 5 years immunised 61·6
Percentage of children aged 5—15 years immunised 82·7
Percentage of total number of children under 15 years of age immunised .. 76·0

TABLE 15—DIPHTHERIA IMMUNISATION, 1956—1960
(at 31st December of the particular year)

Children under 5 years						Estimated mid-year population Children 0—4 years	Children 5—15 years			Estimated population mid-year Children 5—15 years	Total number of children under 15 years immunised	Percent- age Immunised
Under 1	1	2	3	4	Totals		5—9	10—14	Totals			
512	2,422	2,808	3,046	2,883	11,671	21,300	21,885	17,900	39,785	46,600	51,456	75·78
390	2,576	2,819	2,935	3,115	11,835	21,300	18,862	20,687	39,549	47,000	51,384	75·23
298	2,021	2,864	2,897	2,980	11,060	21,300	16,698	22,503	39,201	47,100	50,261	73·4
1,182	2,773	2,672	2,808	2,981	12,416	21,500	16,601	22,658	39,259	47,200	51,675	75·2
1,279	3,376	3,110	2,850	2,886	13,501	21,900	16,019	23,262	39,281	47,500	52,782	76·0

TABLE 16—THE NUMBER OF CHILDREN WHO RECEIVED RE-INFORCING DOSES FOR DIPHTHERIA
IMMUNISATION, 1956—1960

Year	Age		Totals
	1—4 years	5—14 years	under 15 years
1956	141	5,417	5,558
1957	179	3,876	4,055
1958	99	3,524	3,623
1959	208	4,812	5,020
1960	420	5,017	5,437

TABLE 17—CHILDREN IMMUNISED AGAINST WHOOPING COUGH DURING 1960

District			Age						Totals		
			Under 1 year	1—4 years		5—14 years		15 years or over			
				P	R	P	R	P	R	P	R
Beaminster Rural District	..	..	15	79	8	12	65	2	9	108	82
Blandford Borough	..	..	21	47	4	3	18	—	2	71	24
Blandford Rural District	..	..	27	101	22	7	74	—	2	135	98
Bridport Borough	..	..	28	65	16	8	51	—	3	101	70
Bridport Rural District	..	..	23	68	17	3	60	—	4	94	81
Dorchester Borough	..	..	56	89	32	9	29	—	—	154	61
Dorchester Rural District	..	..	73	138	30	42	97	3	2	256	129
Lyme Regis Borough	..	..	19	22	10	1	34	1	—	43	44
Shaftesbury Borough	..	..	10	19	1	—	2	—	—	29	3
Shaftesbury Rural District	..	..	38	78	3	3	12	1	—	120	15
Sherborne Urban District	..	..	40	32	8	1	13	—	—	73	21
Sherborne Rural District	..	..	29	59	9	2	8	—	—	90	17
Sturminster Rural District	..	..	37	93	3	7	17	—	—	137	20
Swanage Urban District	..	..	23	35	12	5	63	—	—	63	75
Wareham Borough	..	..	21	33	—	2	8	—	—	56	8
Wareham Rural District	..	..	79	231	10	18	46	1	—	329	56
Wimborne Urban District	..	..	31	36	7	13	23	—	1	80	31
Wimborne Rural District	..	..	161	268	19	25	115	2	—	456	134
Poole Borough	..	..	270	702	135	64	408	1	—	1,037	543
Weymouth Borough	..	..	239	394	7	41	374	4	—	678	381
Portland Urban District	..	..	39	108	18	86	112	26	4	259	134
TOTALS	..	..	1,279	2,697	371	352	1,629	41	27	4,369	2,027

P—Primary Immunisation.

R—Re-inforcing.

TABLE 18—CHILDREN VACCINATED AGAINST SMALLPOX DURING 1960

District			Age						Totals		
			Under 1 year	1—4 years		5—14 years		15 years or over			
				P	R	P	R	P	R	P	R
Beaminster Rural District	..	..	48	33	—	—	1	4	9	85	10
Blandford Borough	..	..	12	22	—	1	2	5	10	40	12
Blandford Rural District	..	..	50	66	7	12	27	18	67	146	101
Bridport Borough	..	..	52	27	—	6	1	3	4	88	5
Bridport Rural District	..	..	45	30	1	3	2	3	9	81	12
Dorchester Borough	..	..	40	38	—	2	—	—	—	80	—
Dorchester Rural District	..	..	54	56	1	6	—	2	2	118	3
Lyme Regis Borough	..	..	14	18	1	2	3	3	4	37	8
Shaftesbury Borough	..	..	4	16	—	1	1	—	8	21	9
Shaftesbury Rural District	..	..	47	46	1	3	3	5	22	101	26
Sherborne Urban District	..	..	46	19	1	4	3	3	12	72	16
Sherborne Rural District	..	..	42	42	3	2	2	1	10	87	15
Sturminster Rural District	..	..	47	47	—	6	10	4	7	104	17
Swanage Urban District	..	..	8	24	—	2	4	2	2	36	6
Wareham Borough	..	..	3	17	—	2	—	—	—	22	—
Wareham Rural District	..	..	47	105	29	6	66	9	55	167	150
Wimborne Urban District	..	..	25	19	—	—	4	1	—	45	4
Wimborne Rural District	..	..	125	143	4	21	11	20	61	309	76
Poole Borough	..	..	151	471	4	49	15	28	66	699	85
Weymouth Borough	..	..	268	190	2	10	9	10	10	478	21
Portland Urban District	..	..	73	59	—	5	5	8	2	145	7
TOTALS	..	..	1,201	1,488	54	143	169	129	360	2,961	583

P—Primary Vaccination. R—Re-Vaccination.

TABLE 19—SMALLPOX VACCINATION, 1956—1960

Year	Age								Totals	
	Under 1 year		1—4 years		5—14 years		15 or over			
	P	R	P	R	P	R	P	R	P	R
1956	1,134	—	1,226	27	128	147	1,113	223	2,601	397
1957	1,129	—	1,351	44	268	160	162	319	2,910	523
1958	1,066	—	1,297	35	130	109	113	223	2,606	367
1959	1,215	—	1,444	83	145	173	120	407	2,924	663
1960	1,201	—	1,488	54	143	169	129	360	2,961	583

P—Primary Vaccination. R—Re-Vaccination.

TABLE 20—AMBULANCE SERVICE STATISTICS—1960

ITEM		DEPOTS.														TOTAL		
		Blandford	Bridport	Charmouth	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth		Wimborne	
PATIENTS CARRIED	Emergency	Maternity ..	92	87	19	121	22	12	18	243	11	24	17	14	65	246	68	1,059
		Road Accident ..	62	66	31	169	42	26	13	325	68	40	18	21	85	191	117	1,274
		Other Emergency ..	149	243	7	460	180	24	61	1,716	23	38	36	67	166	1,315	177	4,662
		TOTAL EMERGENCY ..	303	396	57	750	244	62	92	2,284	102	102	71	102	316	1,752	362	6,999
	Routine	Hospital Admissions ..	156	256	108	330	128	106	55	515	213	293	153	238	218	489	463	3,721
		Hospital Discharges ..	91	150	24	286	122	2	36	1,324	19	113	26	133	278	753	300	3,657
		Inter-Hospital Transfers ..	59	93	11	314	44	2	35	1,312	104	36	18	115	147	836	175	3,301
		Out-Patient Attendances :— Physiotherapy .. Other ..	206 352	1,720 1,445	43 91	1,922 3,075	253 400	— 16	258 131	1,266 11,026	— 69	797 992	16 239	22 527	118 1,027	5,761 3,456	122 872	12,504 23,718
		Corpses ..	1	6	—	11	1	1	2	26	1	3	2	1	3	19	6	83
		Training Centre Attendances ..	—	—	—	—	—	—	—	12,517	—	8	—	—	—	—	5,090	17,615
JOURNEYS	PATIENTS	Other Patients ..	24	59	—	363	41	10	6	2,449	37	588	86	28	35	289	198	4,213
		TOTAL ROUTINE ..	889	3,729	277	6,301	989	137	523	30,435	443	2,830	540	1,064	1,826	11,603	7,226	68,812
		TOTAL PATIENTS ..	1,192	4,125	334	7,051	1,233	199	615	32,719	545	2,932	611	1,166	2,142	13,355	7,588	75,807
		Patient Carrying ..	562	1,632	187	3,491	485	183	342	5,561	371	893	261	506	611	4,700	927	20,712
	JOURNEYS	Training Centres ..	—	—	—	—	—	—	—	824	—	7	—	—	—	—	367	1,198
		Other Journeys ..	14	209	15	89	25	8	6	215	15	68	56	5	17	115	36	893
		TOTAL JOURNEYS ..	576	1,841	202	3,580	510	191	348	6,600	386	968	317	511	628	4,815	1,330	22,803
	MILEAGE	Patient Carrying ..	22,631	33,608	7,607	53,670	18,475	7,812	8,675	100,422	10,661	22,261	13,189	14,804	27,272	67,115	34,094	442,296
		Training Centres ..	—	—	—	—	—	—	—	14,717	—	197	—	—	—	—	20,917	35,831
		Other Mileage ..	101	1,750	403	613	461	105	27	1,647	184	918	683	70	321	1,207	1,305	9,795
TOTAL MILEAGE ..		22,732	35,358	8,010	54,283	18,936	7,917	8,702	116,786	10,845	23,376	13,872	14,874	27,593	68,322	56,316	487,922	
Night Journeys (between 1800—0900 hours) ..		135	212	30	300	55	48	38	982	69	80	41	68	113	784	159	3,114	
Stretcher Cases ..		414	534	189	1,398	687	164	209	6,401	435	399	240	730	1,085	2,778	1,552	17,215	
Sitting Cases ..		778	3,591	145	5,653	546	35	406	26,318	110	2,533	371	436	1,057	10,577	6,036	58,592	
*Patients per Journey ..		2.12	2.53	1.79	2.10	2.54	1.09	1.80	3.63	1.47	3.27	2.34	2.30	3.51	2.84	2.69	2.81	

TABLE 21—HOSPITAL CAR SERVICE STATISTICS, 1960

ITEM	AREA										TOTAL
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	
Hospital Admissions ..	141	133	80	53	168	46	32	78	38	83	852
Hospital Discharges ..	145	100	149	10	158	59	20	96	105	29	871
Inter-Hospital Transfers ..	1	13	40	—	21	7	8	2	12	—	104
Out-Patient Attendances:—											
Physiotherapy ..	1,823	2,488	1,876	406	6,893	466	349	2,597	1,374	5,146	23,418
Other ..	5,663	2,986	2,497	1,414	7,625	1,393	829	4,739	1,860	4,465	33,471
Training Centre Attendances ..	85	—	106	—	1,888	—	—	804	—	1,196	4,079
Education, Immunisation, Social Services ..	590	317	309	358	3,433	133	211	550	11	712	6,624
Other Patients ..	21	22	51	2	26	5	2	14	7	5	155
TOTAL PATIENTS ..	8,469	6,059	5,108	2,243	20,212	2,109	1,451	8,880	3,407	11,636	69,574
Patient Carrying (excluding Training centre journeys) ..	2,957	2,313	1,976	700	3,469	1,034	578	2,655	1,205	3,692	20,579
Training Centre Journeys ..	44	—	60	1	405	—	—	358	—	197	1,065
Other Journeys ..	104	46	48	6	23	23	15	81	33	48	427
TOTAL JOURNEYS ..	3,105	2,359	2,084	707	3,897	1,057	593	3,094	1,238	3,937	22,071
Patient Carrying (excluding Training centre mileage) ..	82,433	73,772	65,153	29,905	96,771	27,907	18,136	92,227	30,102	92,978	609,384
Training Centre Mileage ..	591	—	1,471	58	4,104	—	—	8,301	—	12,438	26,963
Other Mileage ..	1,029	528	537	54	209	122	211	745	210	270	3,915
TOTAL MILEAGE ..	84,053	74,300	67,161	30,017	101,084	28,029	18,347	101,273	30,312	105,686	640,262
*Patients per Journey ..	2.84	2.62	2.53	3.20	5.28	2.04	2.51	3.04	2.83	2.83	3.18
*Miles per patient ..	9.83	12.18	13.03	13.33	5.28	13.23	12.50	11.42	8.84	8.91	9.30

*Excluding mentally subnormal persons

TABLE 22—DOMESTIC HELP SERVICE, 1960

	<i>Beaminster</i>	<i>Blandford</i>	<i>Bridport</i>	<i>Dorchester</i>	<i>Poole</i>	<i>Shaftesbury</i>	<i>Sherborne</i>	<i>South Dorset</i>	<i>Sturminster</i>	<i>Swange</i>	<i>Wareham</i>	<i>Wimborne</i>	TOTAL
<i>Cases</i>													
Old ..	1	20	43	42	190	30	18	204	37	15	30	66	696
New ..	9	31	38	41	330	21	17	193	31	16	24	87	838
Totals ..	10	51	81	83	520	51	35	397	68	31	54	153	1,534
<i>Types of Cases</i>													
Maternity—													
Old ..	—	—	—	—	4	—	1	3	—	—	—	4	12
New ..	4	11	6	12	81	3	7	25	5	—	2	27	183
Old Age—													
Old ..	1	17	33	37	140	20	14	177	35	12	25	53	564
New ..	3	7	16	17	156	4	6	119	9	5	10	24	376
Long-term													
Illness—													
Old ..	—	3	10	4	38	7	3	19	1	2	5	5	97
New ..	—	7	8	6	31	10	3	38	2	8	4	13	130
Short-term													
Illness—													
Old ..	—	—	—	—	5	2	—	3	1	1	—	3	15
New ..	2	6	8	6	60	4	1	11	15	3	8	23	147
Tuberculosis													
and others—													
Old ..	—	—	—	1	3	1	—	2	—	—	—	1	8
New ..	—	—	—	—	2	—	—	—	—	—	—	—	2
<i>Helps</i>													
(at 31.12.60)													
Full-time ..	—	—	—	—	—	—	—	1	—	—	—	—	1
Part-time ..	—	4	5	3	34	1	—	40	3	1	6	6	103
Spare-time ..	3	7	8	17	31	14	7	2	15	3	5	31	143
Totals ..	3	11	13	20	65	15	7	43	18	4	11	37	247
<i>Hours</i>													
Worked ..	703	9,585	8,372	9,271	58,038	9,347	6,667	38,016	13,930	3,154	8,628	27,182	192,893
Travelled ..	—	956	348	593	3,815	700	309	4,007	766	378	1,250	2,384	15,506
Waiting ..	—	83	26	27	298	26	7	33	56	25	124	71	776
Sick ..	—	2	249	—	2,066	—	—	2,239	672	4	155	32	5,419
Holidays ..	—	187	297	174	1,996	115	46	2,337	109	117	251	355	5,984
TOTALS	703	10,813	9,292	10,065	66,213	10,188	7,029	46,632	15,533	3,678	10,408	30,024	220,578

TABLE 23—PERSONS RESIDENT ON 31ST DECEMBER, 1960
IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANCE ACT, 1948

Persons			Persons (exclusive of staff) residing in					
			homes in the possession of the Council whose normal bed complement for residential accommodation is			premises vested in the Minister as hospitals	accommodation provided on behalf of the Council by voluntary organisations	Total
			less than 35	35—70	Over 70			
Not materially handicapped	aged	M F	— —	41 60	20 13	13 10	14 29	88 112
	not aged	M F	— —	— —	6 —	— —	— —	6 —
Blind	aged	M F	— —	11 25	3 1	— —	1 4	15 30
	not aged	M F	— —	— 2	— —	— —	— —	— 2
Deaf	aged	M F	— —	3 15	1 7	1 2	1 2	6 26
	not aged	M F	— —	— —	1 —	— —	— —	1 —
Epileptic	aged	M F	— —	1 —	4 4	— —	— —	5 4
	not aged	M F	— —	1 2	1 5	1 3	3 1	6 11
Others physically handicapped	aged	M F	— —	36 73	44 41	3 6	— 1	83 121
	not aged	M F	— —	4 4	7 7	— —	3 4	14 15
Mentally handicapped	aged	M F	— —	8 3	9 30	— —	— —	17 33
	not aged	M F	— —	13 2	7 10	2 1	— —	22 13
GRAND TOTAL			—	304	221	42	63	630

TABLE 24—AGE GROUPS OF RESIDENTS IN COUNTY ESTABLISHMENTS AND VOLUNTARY HOMES
AS AT 31ST DECEMBER, 1960

Establishment	Men Women		Men Women		Men Women		Men Women		Men Women		Men Women		Men Women		Men Women		GRAND TOTAL
	11—20		21—40		41—50		51—60		61—70		71—80		Over 80		Totals		
Stoke Water House, Beaminster	—	—	—	—	—	—	8	5	15	4	19	13	24	28	66	50	116
Stour View House, Sturminster Newton	—	—	—	—	—	2	2	8	9	12	12	27	12	21	35	70	105
Christmas Close, Wareham	—	—	—	—	—	—	—	2	5	4	14	8	12	13	31	27	58
St. Mary's Block, Poole	—	—	—	—	1	—	1	2	5	4	13	7	1	8	21	21	42
Maiden Castle House, Dorchester	—	—	—	—	—	—	—	1	3	3	2	8	8	16	13	28	41
'The Lawns', Weymouth	—	—	—	—	—	—	—	—	2	1	8	5	6	18	16	24	40
Castleman House, Blandford	—	—	—	—	—	—	2	1	5	—	11	6	5	20	23	27	50
Belmont Court, Parkstone	—	—	—	—	—	—	—	2	1	4	2	5	2	16	5	27	32
James Day Home, Swanage	—	—	—	—	—	—	1	1	1	6	4	1	4	16	10	24	34
'St. Martin's', Gillingham	—	—	—	—	—	—	—	2	5	3	7	9	4	19	15	34	49
Bournemouth Old People's Homes	—	—	—	—	—	—	—	—	—	—	1	4	4	13	5	17	22
Poole Old People's Homes	—	—	—	—	—	—	—	—	1	—	1	4	—	3	2	7	9
Charter House, Swanage	—	—	—	—	—	—	—	—	1	1	—	—	1	4	2	5	7
British Council for the Welfare of Spastics	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
National Spastics Society	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
The Meath Home, Godalming	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Chalfont Epileptic Colony	—	—	1	—	—	1	1	—	—	—	—	—	—	—	2	1	3
Maghull Epileptic Home, Liverpool	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Torr Home for the Blind, Plymouth	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
Church Army Home, Bovey Tracey	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Church Army Home, Newport, Isle of Wight	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Hampshire Old People's Housing and Welfare Society	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Royal Naval Benevolent Trust, Chatham	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
School of Stitchery and Lace, Surrey	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Poolemead Home for Deaf Women, Bath	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Cheshire Foundation Homes	—	—	2	1	—	—	—	—	—	—	—	—	—	—	2	1	3
Royal Agricultural Benevolent Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Home for Incurables, Putney	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Royal Albert Merchant Seamen's Society	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
National Institute for Blind	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Salvation Army Home—Mildred Duff	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Westlecott Home for Blind	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
TOTALS	1	1	4	4	1	4	16	25	54	42	95	99	87	197	257	373	630

TABLE 25—PERSONS ACCOMMODATED ON 31ST DECEMBER, 1960, IN HOMES UNDER THE CONTROL OF
VOLUNTARY ORGANISATIONS

Name of Organisation or Home	Places Provided		
	Men	Women	Total
<i>In-County:</i>			
Bournemouth Old People's Welfare and Housing Society Ltd.	5	17	22
Poole Old People's Welfare and Housing Society Ltd.	2	7	9
British Red Cross, Charter House, Swanage	2	5	7
<i>Out-County:</i>			
<i>Blind Persons:</i>			
Torr Home for the Blind, Plymouth	1	1	2
Westlecott Home for Blind	—	1	1
National Institute for Blind	—	1	1
<i>Epileptics:</i>			
The Meath Home for Epileptics, Godalming	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter	2	1	3
Maghull Home for Epileptics, Liverpool	1	—	1
<i>Others:</i>			
Church Army Home, Newport, Isle of Wight	1	—	1
Church Army Home, Bovey Tracey	—	1	1
British Council for Welfare of Spastics, Beaconsfield, Hants.	—	1	1
National Spastics Society	1	1	2
Hampshire Old People's Housing and Welfare Society Ltd.	1	—	1
Royal Naval Benevolent Trust, Chatham, Kent	1	—	1
School of Stitchery and Lace, Surrey	—	1	1
Poolemead Home for Deaf Women, Bath	—	1	1
Cheshire Foundation Homes	2	1	3
Royal Agricultural Benevolent Institution	—	1	1
Home for Incurables, Putney	1	—	1
Royal Albert Merchant Seamen's Society	1	—	1
Salvation Army Home—MildredDuff	1	—	1
TOTALS	22	41	63

TABLE 26—WELFARE OF THE BLIND—REGISTRATION

Age Periods of Registered Blind Persons

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Totals
Male	1	5	4	13	17	11	24	40	26	27	174	342
Female	3	3	2	1	2	14	12	43	30	40	328	478
Totals	4	8	6	14	19	25	36	83	56	67	502	820

Age at onset of Blindness

	0—4	5—10	11—15	16—20	21—29	30—39	40—49	50—59	60—64	65—69	70 and over	Unknown	Totals
Male	39	11	9	10	25	29	19	36	27	19	117	1	342
Female	30	8	2	5	9	13	28	59	45	40	238	1	478
Totals	69	19	11	15	34	42	47	95	72	59	355	2	820

Children, age under 16

	Under 2	2—4 plus				5-15 plus										Totals
	At Home or Elsewhere	Educable			Ineducable At Home or Elsewhere	Educable						Ineducable				
		Attending Nursery Schools including Sunshine Homes	In Other Residential Homes	At Home or Elsewhere		Attending Special Schools for the Blind		Attending Other Schools		Not at School		In Hospitals for Mentally Sub-normal		At Home or Elsewhere		
						No Other Defects	With Other Defects	No Other Defects	With Other Defects	No Other Defects	With Other Defects	Blind	With Multiple Defects	Blind	With Multiple Defects	
Male	1	—	—	—	—	2	1	1	—	—	—	—	4	—	1	10
Female	—	—	—	2	—	4	1	—	—	—	—	—	—	—	—	7
Totals	1	—	—	2	—	6	2	1	—	—	—	—	4	—	1	17

Education, Training and Employment. Age periods, 16 years and upwards

		At School, 16—20														Undergoing Training				Not Employed								Grand Total (i.e. total of columns (d)—(n) and (d)—(n) and At School 16—20)	
		Employed																		Not Employed									
		In work-shops for the Blind (a)		In Home Workers Schemes for the Blind (b)						Otherwise than in (a) or (b) (c)						Unemployed but capable of and available for work—		Not available for work (l)		Not capable of work (m)		Not working (n)							
				Total Employed																									
		16—39	40—59	16—20	21—39	40—49	50—59	60—64	65 and over	16—20	21—39	40—49	50—59	60—64	65 and over	(d)	For sheltered employment (e)	For open employment (f)	Professional or University (g)	For sheltered employment (h)	For open employment (i)	For sheltered employment (j)	For open employment (k)	16—59	60—64	16—59	60—64	65 and over	(o)
2	1	2	—	3	—	3	—	—	6	13	10	10	4	4	56	—	2	1	2	2	—	1	14	7	33	15	197	332	
—	—	2	—	5	1	1	—	—	—	3	—	1	1	1	15	—	—	—	—	—	—	1	31	20	27	9	367	470	
2	1	4	—	8	1	4	—	—	6	16	10	11	5	5	71	—	2	1	2	2	—	2	45	27	60	24	564	802	

Occupations of Employed Blind Persons (included in Col. (d) above)

	Agents, Collectors, etc.	Agricultural Workers	Basket Workers	Boot Repairers	Brush Makers	Braille Copyists and Proof Readers	Carpenters and Woodworkers	Clerks and Typists	Dealers, Tea Agents, News-agents, Shopkeepers	Domestic Workers	Factory Operatives (open) (sheltered) Employment	Firewood Workers	Gardeners	Knitters		Labourers	Massage and Physiotherapy	Mat Makers	Musicians and Music Teachers	News-vendors and Hawkers	Piano Tuners	Netting Makers	Porters, Packers and Cleaners	Poultry Keepers	School Teachers	Telephone Operators	Open Employment other than already Catalogued	Miscellaneous	Totals
Workshops Blind	—	—	1	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Sheltered Home Schemes	—	—	3	—	—	—	—	—	—	—	—	—	—	—	7	—	—	1	1	—	1	—	—	—	—	—	—	—	13
Home Workers	—	7	4	1	—	1	—	2	3	1	10	1	—	—	—	4	2	3	—	—	—	1	3	—	2	1	6	1	53
Totals	—	7	8	1	2	1	—	2	3	1	10	1	—	—	9	4	2	4	1	—	1	1	3	—	2	1	6	1	71

Physically and Mentally Sub-Normal and Mentally Disordered—all ages

						Not included in either (a), (b), (c), (d), (e) or (f) combination of												Totals	
(a)	(b)	(c)	(d)	(e)	(f)	Mentally Ill and Physically Defective	Mentally Ill and Deaf without Speech	Mentally Ill and Deaf with Speech	Mentally Ill and Hard of Hearing	Mentally Sub-Normal and Physically Defective	Mentally Sub-Normal and Deaf without Speech	Mentally Sub-Normal and Deaf with Speech	Mentally Sub-Normal and Hard of Hearing	Physically Defective and Deaf without Speech	Physically Defective and Deaf with Speech	Physically Defective and Hard of Hearing		(r)	
2	14	54	—	2	12	—	1	—	1	1	—	—	—	2	—	2		91	
1	7	86	—	7	22	—	—	—	—	—	—	—	—	—	1	3		127	
3	21	140	—	9	34	—	1	—	1	1	—	—	—	2	1	5		218	

Blind Persons age 16 and upwards (excluding those in Hostels for workers)—resident in

	Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21		Residential Homes (other than part III)	In Hospitals for Mentally Ill	In Hospitals for Mentally Sub-Normal	Other Hospitals	Totals
	Homes for the Blind	Other Homes					
Male	7	11	1	5	6	8	38
Female	30	10	10	1	2	14	67
Totals	37	21	11	6	8	22	105

Table 26 continued

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at date of registration

	0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 and over
Male	1	1	—	1	—	2	4	5	1	6	26
Female	—	—	—	1	1	—	2	4	6	4	69
Totals	1	1	—	2	1	2	6	9	7	10	95

Blind Persons Registered as New Cases (excluding recertifications and transfers from other areas) during the year—age at onset of blindness

	0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70 and over
Male	2	—	—	2	1	1	5	3	5	2	26
Female	1	—	—	1	—	—	2	4	7	5	67
Totals	3	—	—	3	1	1	7	7	12	7	93

Number of home Teachers engaged in the area

	<i>Certificated</i>			<i>Uncertificated</i>			<i>Grand Total</i>
	<i>Sighted</i>	<i>Blind</i>	<i>Total</i>	<i>Sighted</i>	<i>Blind</i>	<i>Total</i>	
Male	—	—	—	—	—	—	—
Female	6	—	6	—	—	—	6
Totals	6	—	6	—	—	—	6

Miscellaneous Information—Number of

Social Centres
Handicraft Classes
Special Classes and Socials for the Deaf-Blind
Persons newly employed in open industry during year
Persons discharged from open industry during year
St. Dunstaners

<i>Number of Blind Persons in the employ of Local Authorities.</i>			
	<i>Typists</i>	<i>Telephone Operators</i>	<i>Others</i>
M	—	—	1
F	—	—	1
T	—	—	2

THE HOUSING (FINANCIAL PROVISIONS) ACT, 1958—THE IMPROVEMENT OF DWELLINGS
Summary of Progress Reports received from the Rural District Councils in respect of the year ended 31.12.60

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
1) No. of applications received during the year for improvement grants to private persons	23	25	20	39	20	35	20 (24 dwellings)	42	37
2) No. of schemes approved during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council	3	1	Nil	Nil	Nil	7	—	2	—
No. of dwellings affected	13	16	—	Nil	Nil	46	—	12	—
(ii) Private property	23	25	20	33	20	25	18	37	36
No. of dwellings affected	23	36	31	49	22	31	22	37	47
3) Average approved estimated cost of improvement schemes submitted during the year in respect of:—									
(i) Property owned (or to be acquired) by the Council	£305	£515	Nil	—	—	£117	—	£350	—
(ii) Private property	£1,004	£321	£342 per dwelling	£1,158	£497	£604	£837 (Average amount of grant: £354 per dwelling)	£577	£549
4) Observations (if any)	—	—	—	—	—	—	—	—	—

HOUSE PURCHASE AND HOUSING ACT, 1959 (PART II)—STANDARD GRANT IMPROVEMENTS
Summary of Progress Reports received from the Rural District Councils in respect of the year ended 31.12.60

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham and Purbeck	Wimborne and Cranborne
No. of applications received for standard grants to private persons	30	37	42	53	18	14	18	20	53
No. of applications and/or schemes approved in respect of:—									
(i) Property owned (or to be acquired) by the Council	1	—	—	4	—	—	3	—	—
No. of dwellings affected	4	—	—	57	—	—	38	—	—
(ii) Private property	25	35	38	41	20	5	16	20	51
No. of dwellings affected	25	35	38	41	24	8	16	20	51
4) Average amount of grant per property in respect of:—									
(i) Property owned (or to be acquired) by the Council	£21 3 9 (maximum)	—	—	Council to receive 3/8ths of Annual Loan Charges	—	—	Not yet notified	—	—
(ii) Private property	£140	£133	£140	£137	£242	£149	£149	£131	£126
4) Observations, if any:	—	—	—	—	—	—	—	—	—

TABLE 28—NEW HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDED 31.12.60
Summary of Returns made by Rural District Councils under Housing Act, 1957, Section 116

Rural District	New houses erected by Council	Total No. of council houses erected since 1.4.45	New houses erected privately	Total No. of private houses erected since 1.4.45	Council's Housing Programme for the year 1960		No. of families accommodated by Council during the year ended 31.12.60	Total number of applicants (i.e. family units) on Council's list requiring accommodation as on 31.12.60	Difficulties (if any) experienced in connection with:		
					No. of houses	Was this programme completed as scheduled?			Obtaining tenders	Shortage of labour	Shortage of materials
Beaminster ..	15	352	21	167	9 dwellings	Yes	34	93	—	—	—
Blandford ..	6	435	44	279	51	No	36	154	No	No	Delay in obtaining supply of bricks in early months of year but supplies improved later
Bridport ..	20	236	51	319	20	No	35	160	Yes—possibly due to private buildings	—	Bricks and stones
Dorchester ..	16	535	53	482	28	No; balance hoped to be completed early in 1961	48	333	Yes	No	No
Shaftesbury ..	Nil	423	21	228	10	No; work proceeding according to plan	51	150	No	No	No
Sherborne ..	Nil	244	21	116	Nil	—	12	98	Yes	Yes	Bricks
Sturminster ..	Nil	825	13	161	Nil	—	80	99	—	—	—
Wareham and Purbeck ..	30	863	126	938	30	Yes	41 excluding transfers and rehousing of pre-fab. tenants	430 including transfer applications	Yes, for stone dwellings	Yes	No
Wimborne and Cranborne ..	21	802	344	2,342	23 Continuation of previous year's programme	No	50	120	No	No	Some difficulty experienced in obtaining facing bricks
Totals ..	108	4,715	694	5,032	171	—	387	1,637	—	—	—

TABLE 27—REGISTRATION OF PARTIALLY SIGHTED PERSONS

Total Number on Register—Age Groups and Sex								Cases newly registered (excluding recertifications and transfers from other Areas) Age at Date of Registration							
0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals
—	—	4	2	7	6	14	33	—	—	1	—	3	3	5	12
—	—	2	1	13	12	50	78	—	—	1	—	1	1	9	12
—	—	6	3	20	18	64	111	—	—	2	—	4	4	14	24

Removals from Register during the year for reasons set out below

(a) On Admission to Blind Register								(b) On Decertification due to Improved Visual Acuity							
0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals	0—1	2—4	5—15	16—20	21—49	50—64	65 and over	Totals
—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—
—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—
—	—	—	—	2	—	4	6	—	—	—	—	—	—	—	—

Class A—Persons Near and Prospectively Blind (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class A				
											Available for and capable of training or work					Not available for or not capable of work									
	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals
Males	1	3	—	—	4	—	1	—	—	1	—	—	—	—	—	—	—	4	12	16	1	4	4	12	21
Females	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	5	7	41	53	—	5	8	41	54
Totals	1	3	1	—	5	—	1	—	—	1	—	—	—	—	—	—	5	11	53	69	1	9	12	53	75

Class B—Persons mainly Industrially Handicapped (age 16 and over)

	Employed					Undergoing Training					Unemployed—Not under Training										Totals—Class B					
											Available for and capable of training or work					Not available for work										
	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	16-20	21-49	50-64	65 and over	Totals	
Males	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	2	—	2
Females	1	3	—	—	4	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	1	5	—	—	6	
Totals	1	3	—	—	4	—	—	—	—	—	—	—	2	—	2	—	2	—	—	2	1	5	2	—	8	

	Class C—Persons requiring Observation only (Age 16 and over)					Class D—Children Age 5 and under 16					Children Age 16 and over still at School	Persons Registered under the Disabled Persons (Employment) Act, 1944
	16-20	21-49	50-64	65 and over	Totals	Educable			Ineducable	Totals		
						Attending Special Schools	Attending other Schools	Not at School				
Males	1	3	—	2	6	3	1	—	—	4	—	5
Females	—	3	4	9	16	1	1	—	—	2	—	—
Totals	1	6	4	11	22	4	2	—	—	6	—	5

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*BRANKSOME
CLINIC, POOLE,
brought into use on
10th April, 1961.*



OLD PEOPLE'S BUNGALOWS

provided by the Dorchester Rural District Council at Broadmayne and occupied in December, 1961. These are the most recently completed of 345 old people's dwellings in the County with structural, welfare and warden facilities for which the County Council have so far approved annual grants to thirteen housing authorities.